


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90023 027 \*\*\*\*70.00

<b>DOCUMENT # N94000001458</b> 1. Entity Name <b>SAV-A-CHILD, INC.</b>					
Principal Place of Business <b>711 ST. JOHNS BLUFF ROAD N. JACKSONVILLE, FL 32225 US</b>			Mailing Address <b>PO BOX 15197 JACKSONVILLE, FL 32239-5197 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3252238</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LYON, NORMA E 711 ST. JOHNS BLUFF RD. NORTH JACKSONVILLE, FL 32225</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Grady Lewis</i> <i>8444 Galveston Ave</i> <i>Jax, Fla. 32211</i>	
NAME	<b>RENNER, ARVILLE L DR.</b>		NAME		
STREET ADDRESS	<b>6264 DIANE RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32277</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MALEVAN, MIKE</b>		NAME		
STREET ADDRESS	<b>12477 HIGHVIEW DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32225</b>		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LYON, NORMA E</b>		NAME		
STREET ADDRESS	<b>3512 SIMCA DRIVE W</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32277</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POLDING, BRIAN DR.</b>		NAME		
STREET ADDRESS	<b>5533 LONDON LAKE DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32258</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CLARK, AARON</b>		NAME		
STREET ADDRESS	<b>P O BOX 1331</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WATKINSVILLE, GA 30677</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RENNER, MAVIS</b>		NAME		
STREET ADDRESS	<b>6264 DIANE RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32277</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE</b> <i>Arville L Renner</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>ARVILLE L. RENNER</b> 2/12/06 Daytime Phone #		