

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002800 (0)

1. Corporation Name

SAVE-A-CHILD DRILL TEAM, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/06/1994
3a. Date of Last Report

4. FEI Number
Applied For ☒ Not Applicable ☐

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for franchise tax under S. 195.032, Florida Statutes ☐ Yes ☒ No

Principal Place of Business

Mailing Address

731 NW 8TH STREET
GAINESVILLE FL 32601

731 NW 8TH STREET
GAINESVILLE FL 32601

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, VAN EDITH
731 NW 8TH STREET
GAINESVILLE FL 32601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME RENTZ, JOE SR
STREET ADDRESS 5126 NW 19 ST.
CITY ST ZIP GAINESVILLE FL 32606

11 TITLE D
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE V
NAME CUMMINGS, LILA
STREET ADDRESS 1603 SE 8TH PL.
CITY ST ZIP GAINESVILLE FL 32601

21 TITLE D
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE S
NAME PHILLIPS, JANICE M
STREET ADDRESS 2136 NE 3RD PL.
CITY ST ZIP GAINESVILLE FL 32601

31 TITLE D
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE Y
NAME MURPHY, MIA
STREET ADDRESS 1603 SE 28TH PL.
CITY ST ZIP GAINESVILLE FL 32601

41 TITLE D
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Van Edith Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

(904) 372-3547