

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000004490 (8)**

1. Corporation Name

**SAVE A CHILD OF DAYTONA INCORPORATED**



**100001789481**  
-04/22/96--01068--014

Principal Place of Business: **1200 NINTH STREET DAYTONA BEACH FL 32117**  
Mailing Address: **1200 NINTH STREET DAYTONA BEACH FL 32117**

3. Date Incorporated or Qualified <b>09/06/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>1200 NINTH STREET DAYTONA BEACH FL 32117</b>	26 <b>633 S. Palmetto Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	<b>303</b>
22 City & State	27 City & State
	<b>Daytona Beach, Fla</b>
23 Zip	28 Zip
	<b>32114</b>
24 Country	29 Country
	<b>Volusia</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MAYHUE WILSON, DORIS</b> <b>1200 NINTH STREET</b> <b>DAYTONA BEACH FL 32117</b>		81 Name <b>Doris Mayhue</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>633 S. Palmetto Ave Apt 303</b>
		83 <b>D</b>	84 City <b>Daytona Beach</b>
		85 State <b>FL</b>	86 Zip Code <b>32114</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYHUE-WILSON, DORIS</b>	1.2 NAME	
STREET ADDRESS	<b>621 CEDAR STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DPT</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Vice President</b>	<b>Minnie Stafford</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, JESSIE</b>	2.2 NAME	<b>P.O. Box 362</b> <b>N/A</b>
STREET ADDRESS	<b>621 CEDAR STREET</b>	2.3 STREET ADDRESS	<b>Geneva, Florida 32732</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Trustee</b>	<b>Mae Bell Whigham</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMILLER, NARCISSUS</b>	3.2 NAME	<b>744 S. Seagrave Street</b>
STREET ADDRESS	<b>536 SCHOOL STREET</b>	3.3 STREET ADDRESS	<b>Daytona Beach, FL 32114</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>Asst Secretary</b>	<b>Gail Knighton</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, MARTHA E</b>	4.2 NAME	<b>819 South Street Apt 52</b>
STREET ADDRESS	<b>1072 PETER ROAD</b>	4.3 STREET ADDRESS	<b>Daytona Beach, FL 32114</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>Secretary</b>	<b>Tangela Smith</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, KIMBERLY</b>	5.2 NAME	<b>611 Center Ave</b>
STREET ADDRESS	<b>1072 PETER ROAD</b>	5.3 STREET ADDRESS	<b>Holly Hill, Fla. 32117</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>Chairman</b>	<b>Lonnie Stafford</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLOAN, GEORGE</b>	6.2 NAME	<b>P.O. Box 362</b> <b>N/A</b>
STREET ADDRESS	<b>571 FAIRMONT STREET</b>	6.3 STREET ADDRESS	<b>Geneva, Florida 32732</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Doris Mayhue** / **Doris Mayhue** Date: **4/12/96** Daytime Phone #: **238-4932**

CR2E037 (12/95)