

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004490 (8)**  
1. Corporation Name  
**SAVE A CHILD OF DAYTONA INCORPORATED**



Principal Place of Business <b>1200 9th Street</b> <del>450 WINTHROP STREET</del> DAYTONA BEACH FL 32114 <b>32117</b>	Mailing Address 633 S. PALMETTO AVENUE APT. 203 DAYTONA BEACH FL 32114-4949
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2. Principal Place of Business 21 <b>1200 9th Street</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>Daytona Beach, FL</b>	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 <b>32114</b>	Country 25 <b>Volusia</b>
	Zip 29
	Country 30

3. Date Incorporated or Qualified <b>09/06/1994</b>	3a. Date of Last Report <b>09/12/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAYHUE, DORIS J**  
**633 S. PALMETTO AVENUE**  
**APT. 203**  
**DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYHUE, DORIS J</b>	1.2 NAME	
STREET ADDRESS	<b>633 S. PALMETTO AVENUE, #203</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HYACINTH, PATRICIA</b>	2.2 NAME	
STREET ADDRESS	<b>325 8TH STREET, APT. 5</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, SHIRLEY</b>	3.2 NAME	
STREET ADDRESS	<b>988 STONYBROOK CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHIGHAM, MAEBELL</b>	4.2 NAME	
STREET ADDRESS	<b>744 S. SEAGRAVE AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNIGHTON, GAIL</b>	5.2 NAME	
STREET ADDRESS	<b>619 SOUTH STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGGINS, WYNINE</b>	6.2 NAME	
STREET ADDRESS	<b>528 MARK STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	6.4 CITY-ST-ZIP	

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*06/24/97*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

*Sandra B. Mortham* **DORIS** *6/13/97* *0940757-0570*

CR2E037 (9/96)