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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90292 021 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004490

1. Corporation Name

SAVE A CHILD OF DAYTONA INCORPORATED

Principal Place of Business

1200 9TH STREET
 DAYTONA BEACH FL 32114

Mailing Address

633 S. PALMETTO AVENUE
 APT. 203
 DAYTONA BEACH FL 32114



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/06/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
 NAME **MAYHUE, DORIS J**
 STREET ADDRESS **633 S. PALMETTO AVENUE, #203**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **VP** DELETE
 NAME **SHELLING, JOY**
 STREET ADDRESS **519 N KEECH ST**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **BROWN, REBECCA**
 STREET ADDRESS **1320 EUGENE BLACK ST**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **T** DELETE
 NAME **WHIGHAM, MAEBELL**
 STREET ADDRESS **744 S. SEAGRAVE AVENUE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **S** DELETE
 NAME **DAVID, SABRINA R**
 STREET ADDRESS **705 S BEACH ST STE 136**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **AD** DELETE
 NAME **HUGGINS, WYNINE**
 STREET ADDRESS **528 MARK STREET**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Doris J. Mayhue* **4/22/99** (904) 226-7832
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)