

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90091 038 ****61.25

DOCUMENT # N94000004490

1. Entity Name

SAVE A CHILD OF DAYTONA INCORPORATED

Principal Place of Business

Mailing Address

1200 9TH STREET
 DAYTONA BEACH FL 32114

~~603 S. PALMETTO AVENUE~~ *575 white st*
~~APT. 203~~
 DAYTONA BEACH FL 32114-4949

AVUJ3310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

Doris Mayhue

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/00

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MAYHUE, DORIS J	
STREET ADDRESS	633 S. PALMETTO AVENUE, #203	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHELLING, JOY	
STREET ADDRESS	519 N KEECH ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, REBECCA	
STREET ADDRESS	1320 EUGENE BLACK ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHIGHAM, MAEBELL	
STREET ADDRESS	744 S. SEAGRAVE AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVID, SABRINA R	
STREET ADDRESS	705 S BEACH ST STE 136	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	AD	<input type="checkbox"/> Delete
NAME	HUGGINS, WYNINE	
STREET ADDRESS	528 MARK STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOPHIA FOWLER	
STREET ADDRESS	1336 mardrake rd	
CITY-ST-ZIP	Daytona FL 32114	
TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Fowler	
STREET ADDRESS	1336 mardrake rd	
CITY-ST-ZIP	Daytona FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE:

Doris Mayhue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

Daytime Phone #

CR2E037 (9/99)