

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90142 045 ****61.25

DOCUMENT # *N97000004288* ^{OR}

1. Corporation Name

*You're a LifeSaver Precious Moments
Collector's Club, Inc*

Principal Place of Business

Mailing Address

*The Entertainer
255 Regeray Square Blvd
Jacksonville, FL 32225*

*P.O. Box 11436
Jacksonville FL
32239*

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

Trust Fund Contribution ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*FARMER, Corinna
445 monument Road #405
Jacksonville FL 32225*

81 Name *Canady, Patricia*

82 Street Address (P.O. Box Number is Not Acceptable)
12686 Pumpkin Hill Rd

83

84 City *Jacksonville*

FL

85 Zip Code *32226*

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 *Patricia Canady*

(NOTE: Registered Agent signature required when reinstating)

4/13/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *PD* ☒ DELETE
NAME *Miller, Lia*
STREET ADDRESS *4063 Windy Gate Dr*
CITY-ST-ZIP *Jacksonville FL 32218*

1.1 TITLE *PD* ☐ Change ☒ Addition
1.2 NAME *Lynette Sizemore*
1.3 STREET ADDRESS *18338 Elaine Drive*
1.4 CITY-ST-ZIP *Jacksonville, FL 32218*

TITLE *VD* ☒ DELETE
NAME *Neal, Valerie*
STREET ADDRESS *902 2nd Street*
CITY-ST-ZIP *Neptune Beach FL 32266*

2.1 TITLE *VD* ☐ Change ☒ Addition
2.2 NAME *Brenda Matthews*
2.3 STREET ADDRESS *1401 Crystal Sands Drive*
2.4 CITY-ST-ZIP *Jacksonville, FL 32218*

TITLE *SD* ☒ DELETE
NAME *Brenda Matthews*
STREET ADDRESS *1401 Crystal Sands Dr*
CITY-ST-ZIP *Jacksonville, FL 32218*

3.1 TITLE *SD* ☐ Change ☒ Addition
3.2 NAME *Cathy Nicks*
3.3 STREET ADDRESS *2256 Leon Road*
3.4 CITY-ST-ZIP *Jacksonville, FL 32246*

TITLE *ID* ☒ DELETE
NAME *FARMER, CORINNA*
STREET ADDRESS *445 monument Rd #405*
CITY-ST-ZIP *Jacksonville, FL 32225*

4.1 TITLE *ID* ☐ Change ☒ Addition
4.2 NAME *Patricia Canady*
4.3 STREET ADDRESS *12686 Pumpkin Hill Rd*
4.4 CITY-ST-ZIP *Jacksonville, FL 32226*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

904-633-1309

Daytime Phone #

CR2E037 (1/98)