

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

1. Entity Name YOU'RE A LIFE SAVER PRECIOUS MOMENTS COLLECTOR'S CLUB, INC.	
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Principal Place of Business %THE ENTERTAINER 655 REGENCY SQUARE BLVD JACKSONVILLE, FL 32225	Mailing Address PO BOX 111436 JACKSONVILLE, FL 32239
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SIZEMORE, C. LAYNETTE 11338 ELAINE DR JACKSONVILLE, FL 32218	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIZEMORE, LAYNETTE 11338 ELAINE DRIVE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, MELINDA 11541 YOUNG RD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEIKERT, SHIRLEY 1105 PANUCCO AVE. N. ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD CANADY, PAT 12686 PUMPKIN HILL RD JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD GORDON, AMY 45284 AMERICAN DREAM DR CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Chaynette Sizemore* *C. Laynette Sizemore* 8/12/04 904 257-5689