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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004980 (7)
 1. Corporation Name
PROTECT OUR CHILDREN INCORPORATED



Principal Place of Business 120-A HARRISON STREET. #1 COCOA FL 32922	Mailing Address 120-A HARRISON STREET. #1 COCOA FL 32922-7936
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3335293	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GILLICK, KEVIN P 120-A HARRISON STREET, #1 COCOA FL 32922		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLICK, KEVIN P	1.2 NAME	GILLICK, KEVIN P.
STREET ADDRESS	61 PARK STREET	1.3 STREET ADDRESS	61 park street
CITY - ST - ZIP	ROCKLEDGE FL 32955	1.4 CITY - ST - ZIP	Rockledge, FL 32955
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSDEN, E.A.	2.2 NAME	Bryan, Michele J.
STREET ADDRESS	120-A HARRISON STREET, #1	2.3 STREET ADDRESS	1050 Loring Drive
CITY - ST - ZIP	COCOA FL 32922	2.4 CITY - ST - ZIP	Merritt Island, FL 32953
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLICK, PATRICK	3.2 NAME	Hannah, Mary F.
STREET ADDRESS	61 PARK STREET	3.3 STREET ADDRESS	1613 cambridge Drive
CITY - ST - ZIP	ROCKLEDGE FL 32955	3.4 CITY - ST - ZIP	Cocoa, FL 32922
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Marsden, E.A.
STREET ADDRESS		4.3 STREET ADDRESS	1863 Rockledge Drive
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Rockledge, FL 32955
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Caldwell, Roy
STREET ADDRESS		5.3 STREET ADDRESS	4614 Chelsea Court
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Titusville, FL 32780
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Ecker, Frances
STREET ADDRESS		6.3 STREET ADDRESS	2425 leewood Boulevard
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Melbourne, FL 32901

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

SIGNATURE: Kevin P. Gillick **Kevin P. Gillick** 4/25/97 **407-638-3711**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018963

CFR2E037 (9/96)