

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004980

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PROTECT OUR CHILDREN INCORPORATED

**Current Principal Place of Business:**

120-A HARRISON STREET, #1  
STE 1  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

120-A HARRISON STREET, #1  
STE 1  
COCOA, FL 32922

**New Mailing Address:**

FEI Number: 59-3335293      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GILLICK, KEVIN P  
61 PARK STREET  
ROCKLEDGE, FL 32955      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GILLICK, KEVIN  
Address: 61 PARK ST.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: S ( ) Delete  
Name: FONTE, TRACI  
Address: 2749 DIGBY RD.  
City-St-Zip: PALM BAY, FL 32909

Title: T ( ) Delete  
Name: WIGLEY, MARK  
Address: 1219 SUGAR CREEK LANE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: DAVIS, DONNA  
Address: 700 TROPIC ST  
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete  
Name: RIOS-MARTINEZ, VICKI  
Address: 3714 CROSS BOW DRIVE  
City-St-Zip: COCOA, FL 32926

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN GILLICK

P

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date