

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
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90001 045 ****61.25

DOCUMENT # N35905

1. Corporation Name

SAVE OUR CHILDREN, INC.

Principal Place of Business

1601 AVENUE D
FT PIERCE FL 34950
US

Mailing Address

POST OFFICE BOX 311
FT PIERCE FL 34954
US

563018 - 90001 - 45



2. Principal Place of Business

21 1611 Ave. D

Suite, Apt. #, etc.

22 FT. PIERCE, FL. 34950

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/01/1989

4. FEI Number

65-0366437

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MILLS, DONNA
603 S 22ND ST
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

DONNA MILLS

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

1330 SW BRIARWOOD DRIVE

83

PORT ST. LUCIE

84

City

FL

85

Zip Code

34986

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MILLS, DONNA
STREET ADDRESS 1330 S.W. BRIARWOOD
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE VPD ☐ DELETE

NAME ESCH, GARY
STREET ADDRESS 3215 S 7TH ST
CITY-ST-ZIP FT. PIERCE FL

TITLE S ☐ DELETE

NAME MILLER, PINKIE
STREET ADDRESS 5303 SAN DIEGO AVE
CITY-ST-ZIP FT. PIERCE FL

TITLE M ☐ DELETE

NAME MCBRIDE, PATRICIA
STREET ADDRESS 1501 AVE J
CITY-ST-ZIP FT. PIERCE FL

TITLE CD ☒ DELETE

NAME MILLS, KENNETH
STREET ADDRESS 1330 S.W. BRIARWOOD
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE TD ☐ DELETE

NAME WETHERINGTON, U.B.
STREET ADDRESS 3033 SUMMIT STREET
CITY-ST-ZIP FT. PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Constance Bush
1.3 STREET ADDRESS 5006 Matanzas Ave.
1.4 CITY-ST-ZIP Ft. Pierce, FL 34946

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Mark Leath
2.3 STREET ADDRESS 1727 Okeechobee Road
2.4 CITY-ST-ZIP Fort Pierce, FL 34947

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-19-99 (561) 466-8398

CR2E037 (11/98)

0074516