

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35905

1. Entity Name

SAVE OUR CHILDREN, INC.

Principal Place of Business

1611 AVE D
FT PIERCE FL 34950
US

Mailing Address

POST OFFICE BOX 311
FT PIERCE FL 34954
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0366437

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLS, DONNA
1330 SW BRIARWOOD DR
PORT SAINT LUCIE FL 34986

Name

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

City

FL

Zip Code

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.

SIGNATURE

Donna Mills

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

Donna Mills

(NOTE: Registered Agent signature required when reinstating)

4-4-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE B.M. ☐ Change ☒ Addition
NAME Kizzy Watkins
STREET ADDRESS 603 S. 22nd St
CITY-ST-ZIP Fort Pierce, FL 34950

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME Sec. Pinkie Miller
STREET ADDRESS 1440 N. Lawnwood Cir, #10-B
CITY-ST-ZIP Ft. Pierce FL 34950

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

TITLE ☒ Change ☐ Addition
NAME Board Member
STREET ADDRESS McBride, Patricia
CITY-ST-ZIP 603 South 22nd St.
Ft. Pierce, FL 34950

TITLE D ☐ Delete
NAME BUSH, CONSTANCE
STREET ADDRESS 5006 MATANZAS AVE
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kenneth Mills *Kenneth Mills* 4-2-01 361-466-8398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)