2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 15, 2005
Secretary of State

DOCUMENT# N35905

Entity Name: SAVE OUR CHILDREN, INC.

Current Principal Place of Business:

1611 AVE D
FT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 311
FT PIERCE, FL 34954 US

New Mailing Address:

FEI Number: 65-0366437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MILLS, KENNETH G REV.
1330 SW BRIARWOOD DR
PORT SAINT LUCIE, FL 34986 US

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: REV. KENNETH G. MILLS, SR. 12/15/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MCBRIDE, PATRICIA
Address: 6035 22ND STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: VPD ( ) Delete
Name: ESCH, GARY
Address: 3215 S 7TH ST
City-St-Zip: FT. PIERCE, FL

Title: S ( ) Delete
Name: MILLER, PINKIE
Address: 2109 MANTAZAS AVE/PO BOX 2721
City-St-Zip: FORT PIERCE, FL 34954

Title: D ( ) Delete
Name: LEATH, MARK
Address: 1727 OKEECHOBEE ROAD
City-St-Zip: FORT PIERCE, FL 34947

Title: D ( ) Delete
Name: BUSH, CONSTANCE
Address: 5006 MATANZAS AVE
City-St-Zip: FORT PIERCE, FL 34946

Title: D ( ) Delete
Name: LECATO, ILA MAE
Address: 2104 GOLFVIEW COURT
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: MCBRIDE, PATRICIA
Address: 603 SOUTH 22ND STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: VPD (X) Change ( ) Addition
Name: ESCH, GARY
Address: 3215 S 7TH ST
City-St-Zip: FT. PIERCE, FL 34947

Title: S (X) Change ( ) Addition
Name: MILLER, PINKIE
Address: 2109 MANTAZAS AVE/PO BOX 2721
City-St-Zip: FORT PIERCE, FL 34956

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 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 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: KENNETH G. MILLS, SR. REV. 12/15/2005
Electronic Signature of Signing Officer or Director Date