

FILED
Jul 27, 2006 8:00 am
Secretary of State

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05-16-2006 90020 027 ****70.00

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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	
Zip	Country	Zip	Country
4. FEI Number 65-0368437		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLS, KENNETH G REV. 1330 SW BRIARWOOD DR PORT SAINT LUCIE, FL 34986		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
Filing Fee to \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCBRIDE, PATRICIA 603 SOUTH 22ND STREET FORT PIERCE, FL 34950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Cranshaw 4062 W. Grand Avenue Detroit, Michigan 48238 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ESCH, GARY 3215 S 7TH ST FT. PIERCE, FL 34947 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President D Esch, Gary ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, PINKIE 2109 MANTAZAS AVE/PO BOX 2721 FORT PIERCE, FL 34956 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Illene Cranshaw 4062 W. Grand Avenue Detroit, Michigan 48238 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEATH, MARK 1727 OKEECHOBEE ROAD FORT PIERCE, FL 34947 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, CONSTANCE 5006 MATANZAS AVE FORT PIERCE, FL 34946 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Busn, Constance ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECATO, ILA MAE 2104 GOLFVIEW COURT FORT PIERCE, FL 34950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rev. Kenneth Mills Sr 1330 SW Briarwood dr Port St. Lucie, FL 34986 ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Rev. Kenneth Mills Sr</i>		Date: <i>April 10, 2006</i> 772-466-8385	