

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90086 023 ****61.25

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



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0366437**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	MILLS, DONNA	
STREET ADDRESS	1330 S.W. BRIARWOOD	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ESCH, GARY	
STREET ADDRESS	3215 S 7TH ST	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, PINKIE	
STREET ADDRESS	1440 N LAWNWOOD CIRCLE # 16-B	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	MCBRIDE, PATRICIA	
STREET ADDRESS	603 SOUTH 22ND STREET	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSH, CONSTANCE	
STREET ADDRESS	5006 MATANZAS AVE	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WETHERINGTON, U.B.	
STREET ADDRESS	3033 SUMMIT STREET	
CITY-ST-ZIP	FT. PIERCE FL	

TITLE	MCBRIDE, PATRICIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	603 S. 22nd STREET	
STREET ADDRESS	FORT PIERCE FL 34950	
CITY-ST-ZIP		
TITLE	D MARK LEATH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1727 OKEECHOBEE ROAD	
STREET ADDRESS	FORT PIERCE FL 34947	
CITY-ST-ZIP		
TITLE	D ILA MAE LECATO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2104 GOLFVIEW COURT	
STREET ADDRESS	FORT PIERCE FL 34950	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donna Mills

1/21/03

466-7847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)