

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

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90045 033 ****61.25

DOCUMENT # N95000004980

1. Entity Name

PROTECT OUR CHILDREN, INC.



DO NOT WRITE IN THIS SPACE

90133367

2. Principal Place of Business

120-A Harrison Street

3. Mailing Address

120-A Harrison Street

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

DO NOT WRITE IN THIS SPACE

City & State

Cocoa, FL

City & State

Cocoa, FL

4. FEI Number

59-3335293

Applied For

Not Applicable

Zip

Country

32922

USA

Zip

Country

32922

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Gillick, Kevin P.

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

914 Clearlake Rd

City

Cocoa,

FL

Zip Code

32926

**DO NOT WRITE
IN THIS SPACE**

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

Kevin P. Gillick

Kevin P. Gillick

4/29/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
Gillick, Kevin P.
914 Clearlake Rd
Cocoa, FL 32926**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S ED
Fonte, Traci
2749 Digby Road
Palm Bay, FL 32909**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
Wigley, Mark
1219 Sugar Creek Lane
Rockledge, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
Mickle, Richard
4640 Ashbury Road
PT ST Johnz FL 32927**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Kevin P. Gillick

Kevin P Gillick

4/29/03

(271) (382311)