

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35905

Entity Name: SAVE OUR CHILDREN, INC.**Current Principal Place of Business:**464 NORTH 9TH ST.
MAIL TP:P.O. BOX 311
FT PIERCE, FL 34954**Current Mailing Address:**POST OFFICE BOX 311
FT PIERCE, FL 34954 US**FEI Number:** 65-0366437**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MILLS SR., KENNETH G. SR.
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:** KENNETH MILLS SR.

04/28/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	ESCH, GARY
Address	3215 S 7TH ST
City-State-Zip:	FT. PIERCE FL 34947

Title	D
Name	FINLETTER, VIVIENNE
Address	4156 OKEECHOBEE ROAD
City-State-Zip:	FORT PIERCE FL 34947

Title	PRESIDENT
Name	JOHNSON, DEVOSHAY
Address	794 BENT CREEK DRIVE
City-State-Zip:	FORT PIERCE FL 34947

Title	VP
Name	DEAN, ANDREA
Address	4901 EL NUEVA AVE.
City-State-Zip:	FORT PIERCE FL 34946

Title	DIRECTOR, E
Name	MILLS, DONNA M DR.
Address	1330 SW BRIARWOOD DR
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	DIRECTOR, SECRETARY
Name	JOHNSON, CHERRIE
Address	1610 N 16TH COURT
City-State-Zip:	FORT PIERCE FL 34950

I hereby 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 all other like empowered.

SIGNATURE: JOHNSON, DEVOSHAY

PRESIDENT

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date