2017 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 TO: P.O. BOX311 FT PIERCE, FL 34954 FILED Feb 13, 2017 Secretary of State CC7937704574

Current Mailing Address:

POST OFFICE BOX 311 FT PIERCE, FL 34954 US

FEI Number: 65-0366437 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLS, 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. 02/13/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER Title PRESIDENT

NameESCH, GARYNameJOHNSON, DEVOSHAYAddress3215 S 7TH STAddress794 BENT CREEK DRIVECity-State-Zip:FT. PIERCE FL 34947City-State-Zip:FORT PIERCE FL 34947

TitleVPTitleDIRECTOR, EMERITUSNameDEAN, ANDREANameMILLS, DONNA M DR.

Address 4901 EL NUEVA AVE. Address 1330 SW BRIARWOOD DR

City-State-Zip: FORT PIERCE FL 34946 City-State-Zip: PORT SAINT LUCIE FL 34986

Title SECRETARY, DIRECTOR Title DIRECTOR

Name JOHNSON, CHERRIE Name MOSLEY, JAMAL

Address 3227 Address 229 SW VOLTAIR TERRACE
MAIL TO: P.O. BOX3227 City-State-Zip: PORT SAINT LUCIE FL 34984

City-State-Zip: FT PIERCE FL 34948

Title DIRECTOR

Name FRANCIS, JOSHUA
Address 5935 NW FAVIAN AVE.

City-State-Zip: PORT SAINT LUCIE FL 34986

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: DEVOSHAY JOHNSON

BOARD PRSIDENT

02/13/2017