2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State
08-02-2004 90012 033 ****61.25

DOCUMENT # N35905

1. Entity Name
SAVE OUR CHILDREN, INC.

44051168

Principal Place of Business	Mailing Address
1611 AVE D FT PIERCE, FL 34950 US	POST OFFICE BOX 311 FT PIERCE, FL 34954 US

07262004 Chg-NP CR2E037 (10/03)

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 65-0366437 ☐ 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 Reverend Kenneth Mills Sr
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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 6035 22ND STREET FORT PIERCE, FL 34950	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ESCH, GARY 3215 S 7TH ST FT. PIERCE, FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLER, PINKIE 1440 N LAWNWOOD CIRCLE # 16-B FORT PIERCE, FL 34950	☐ Delete	2109 MANTAZAS AVENUE FORT PIERCE, FL. 34957 P.O. BOX 2721 FORT PIERCER, FL 34954-2721	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEATH, MARK 1727 OKEECHOBEE ROAD FORT PIERCE, FL 34947	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUSH, CONSTANCE 5006 MATANZAS AVE FORT PIERCE, FL 34946	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LECATO, ILA MAE 2104 GOLFVIEW COURT FORT PIERCE, FL 34950	☐ Delete		☐ Change ☐ Addition

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 7/29/04 772-466-7847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #