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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002562 (6)

1. Corporation Name

HELP SAVE A CHILD PARENT AWARENESS INC.

Principal Place of Business	Mailing Address
P O BOX 476 WILLOW ST COMMUNITY CENTER ZELLWOOD FL 32798	P O BOX 476 WILLOW ST COMMUNITY CENTER ZELLWOOD FL 32798

3. Date Incorporated or Qualified: 05/17/1994
3a. Date of Last Report:
4. FEI Number: 59-3239378 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SEXTON, MARY E
WILLOW STREET MARSELLE ROAD
ZELLWOOD FL 32798

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) DR. MARY E. SEXTON WILLOW ST. 3590 MARCELL RD ZELLWOOD FLA 32798	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Dr. Mary E Sexton Willow St 3590 marcell Zellwood Fla 32798 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) WILLIE SIM BEACK 2368 PARTERSHIP DR. APOPKA, FLA 32703	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Willie Sim Black 2368 Partership Dr Apopka, Fla 32703 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(T) GWENDOLYN REYNOLDS 3679 MOHAWK DR. ZELLWOOD, FLA 32798	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Gwendolyn Reynolds 3679 Mohawk Dr Zellwood, Fla 32798 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary E Sexton Dir/Chairman 4/6/ 1995 (407) 889-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001237