

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002562 (6)

1. Corporation Name

HELP SAVE A CHILD PARENT AWARENESS INC.

Principal Place of Business

P O BOX 476
WILLOW ST COMMUNITY CENTER
ZELLWOOD FL 32798

Mailing Address

P O BOX 476
WILLOW ST COMMUNITY CENTER
ZELLWOOD FL 32798



3. Date Incorporated or Qualified

05/17/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3253378

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

SEXTON, MARY DR.

WILLOW ST., 3590 MARCELL RD.

ZELLWOOD FL

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

BLACK, WILLIE S

2368 PARTNERSHIP DR.

APOKA FL

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

T

REYNOLDS, GWENDOLYN

3679 MOHAWK DR.

ZELLWOOD FL

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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)(k), 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: *Dr. Mary E Sexton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/1996
Date

407 884-2976
Daytime Phone #

CR2E037 (12/95)