

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22, 1999 8:00am  
Secretary of State

01-22-1999 90086 010 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002562

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/17/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-3253378

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEXTON, MARY E  
WILLOW STREET MARSELLE ROAD  
ZELLWOOD FL 32798

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME SEXTON, MARY DR.  
STREET ADDRESS WILLOW ST., 3590 MARCELL RD.  
CITY-ST-ZIP ZELLWOOD FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BLACK, WILLIE S  
STREET ADDRESS 2368 PARTNERSHIP DR.  
CITY-ST-ZIP APOPKA FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BLACK, ELLA L  
STREET ADDRESS 2368 PARTNERSHIP HILL DRIVE  
CITY-ST-ZIP APOPKA FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME GORDON, SANDRA R  
STREET ADDRESS 10 WEST HARRISON DRIVE  
CITY-ST-ZIP APOPKA FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME SEXTON, LATASHA M  
STREET ADDRESS 3590 MARCEE ROAD  
CITY-ST-ZIP ZELLWOOD FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME REYNOLDS, GWENDOLYN  
STREET ADDRESS 3679 MOHAWK DRIVE  
CITY-ST-ZIP ZELLWOOD FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

D. Mary Sexton 1/14/1999/407/8892976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)