

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90404 030 \*\*\*\*70.00

**DOCUMENT # N94000002562**

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3253378**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEXTON, MARY E**  
**WILLOW STREET MARSELLE ROAD**  
**ZELLWOOD FL 32798**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**

**FEE IS \$61.25**

9. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be**

**Added to Fees**

**Make Check Payable to**

**Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*MARY E SEXTON*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/6/2001*  
 Date Daytime Phone #

CR2E037 (10/00)