

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002562

1. Entity 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

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

59-3253378

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

SEXTON, MARY E  
WILLOW STREET MARSELLE ROAD  
ZELLWOOD FL 32798

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

*2/24/2002*  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)