# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02-24-2004 90038 001 ****61.25
02-24-2004 90038 002 *****8.75
04 MAR 10 04 MAR: N94000002562 6
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Entity Name
N94000002562

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Willow St Community Center | Help Save A Child |
| Suite, Apt. #, etc. Independent House of Prayer | Suite, Apt. #, etc. P.O. Box 476 Parent Awareness |
| City & State Zellwood Fla | City & State Zellwood Fla |
| Zip 32798 Country Orange | Zip 32798 Country Orange |

4. FEI Number 593253378 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: May Etta Sexton

Street Address (P.O. Box Number Is Not Acceptable): 3590 MARSELLE ROAD

City: Zellwood FL Zip Code: 32798

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. I am familiar with, and accept the obligations of registered agent.

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

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D P. |
| NAME | |
| STREET ADDRESS | Dr. May Etta Sexton |
| CITY-ST-ZIP | |
| TITLE | P. P.O. Box 476 |
| NAME | Zellwood, Fl 32798 |
| STREET ADDRESS | ~~Willie Sim Black~~ |
| CITY-ST-ZIP | |
| TITLE | gndp |
| NAME | |
| STREET ADDRESS | Gwendolyn Reynolds |
| CITY-ST-ZIP | |
| TITLE | P. 3679 Mohawk Dr |
| NAME | Zellwood FL |
| STREET ADDRESS | Willie S Black |
| CITY-ST-ZIP | |
| TITLE | S. 2368 Partnership Dr |
| NAME | Apopka, Fl |
| STREET ADDRESS | Lois Black |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | 2368 Partnership Dr |
| STREET ADDRESS | Apopka, Fl |
| CITY-ST-ZIP | |

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: May Etta Sexton 2/13/004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #