


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000002562</b>	
1. Entity Name <b>HELP SAVE A CHILD PARENT AWARENESS INC.</b>	

Principal Place of Business <b>P O BOX 476 ZELLWOOD, FL 32798</b>	Mailing Address <b>P O BOX 476 ZELLWOOD, FL 32798</b>
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01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3253378</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SEXTON, MARY E 3590 MARSELLE ROAD ZELLWOOD, FL 32798</b>
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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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEXTON, MARY DR. P O BOX 476 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACK, WILLIE S 2368 PARTNERSHIP DR. APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLACK, LOIS 2368 PARTNERSHIP HILL DRIVE APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2P REYNOLDS, GWENDOLYN 3679 MOHAWK DR ZELLWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000584505  
01/12/07-80041-003 8.75

U00000584505  
01/12/07-80041-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> <i>Sexton, Mary E</i>	<b>1-9-007</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone</small>