

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 25, 2008 8:00 am**  
**Secretary of State**

**DOCUMENT # N94000002562**

1. Entity Name

**HELP SAVE A CHILD PARENT AWARENESS INC.**



06-25-2008 90043 001 \*\*\*\* 8.75

06-25-2008 90043 002 \*\*\*\* 61.25

Principal Place of Business

P O BOX 476  
ZELLWOOD FL 32798

Mailing Address

P O BOX 476  
ZELLWOOD FL 32798

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

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**  
**3590 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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By September 3, 2008**

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 **DP** ☐ Delete  
NAME **SEXTON, MARY DR.**  
STREET ADDRESS **P O BOX 476**  
CITY-ST-ZIP **ZELLWOOD FL 32798**

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

TITLE **S** ☐ Delete  
NAME **BLACK, LOIS**  
STREET ADDRESS **2368 PARTNERSHIP HILL DRIVE**  
CITY-ST-ZIP **APOPKA FL**

TITLE **2P** ☐ Delete  
NAME **REYNOLDS, GWENDOLYN**  
STREET ADDRESS **3679 MOHAWK DR**  
CITY-ST-ZIP **ZELLWOOD FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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 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.

SIGNATURE: *Mary E Sexton - Director*

*6/17/08*