

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002562

FILED  
Jun 11, 2009  
Secretary of State

**Entity Name:** HELP SAVE A CHILD PARENT AWARENESS INC.

**Current Principal Place of Business:**

P O BOX 476  
ZELLWOOD, FL 32798

**New Principal Place of Business:**

6416 WILLOW ST.  
ZELLWOOD, FL 32798

**Current Mailing Address:**

P O BOX 476  
ZELLWOOD, FL 32798

**New Mailing Address:**

P O BOX 1144  
ZELLWOOD, FL 32798

**FEI Number:** 59-3253378      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SEXTON, MARY E  
3590 MARSELLE ROAD  
ZELLWOOD, FL 32798      US

**Name and Address of New Registered Agent:**

BLACK, WILLIE S  
2368 PARTNERSHIP HILLS DR.  
APOPKA, FL 32712      US

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: WILLIE S. BLACK

06/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: SEXTON, MARY DR.  
Address: P O BOX 476  
City-St-Zip: ZELLWOOD, FL 32798

Title: P      ( ) Delete  
Name: BLACK, WILLIE S  
Address: 2368 PARTNERSHIP DR.  
City-St-Zip: APOPKA, FL

Title: S      ( ) Delete  
Name: BLACK, LOIS  
Address: 2368 PARTNERSHIP HILL DRIVE  
City-St-Zip: APOPKA, FL

Title: 2P      ( ) Delete  
Name: REYNOLDS, GWENDOLYN  
Address: 3679 MOHAWK DR  
City-St-Zip: ZELLWOOD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: BISH      (X) Change ( ) Addition  
Name: BLACK, WILLIE S  
Address: 2368 PARTNERSHIP HILLS DR.  
City-St-Zip: APOPKA, FL 32712

Title: P      (X) Change ( ) Addition  
Name: DAWSON, GWENDOLYN  
Address: 3879 MOHAWK DR.  
City-St-Zip: ZELLWOOD, FL 32798

Title: S      (X) Change ( ) Addition  
Name: BLACK, LOIS  
Address: 2368 PARTNERSHIP HILL DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: MEM      (X) Change ( ) Addition  
Name: WILSON, COY  
Address: 7430 HOLLY ST.  
City-St-Zip: ZELLWOOD, FL 32798

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE S. BLACK

BISH

06/11/2009

Electronic Signature of Signing Officer or Director

Date