

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002562

**FILED**  
**Apr 17, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

6416 WILLOW ST.  
ZELLWOOD, FL 32798

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1144  
ZELLWOOD, FL 32798

**New Mailing Address:**

**FEI Number:** 59-3253378

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: S  
Name: BLACK, LOIS  
Address: 2368 PARTNERSHIP HILL DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: MEM  
Name: WILSON, COY  
Address: 7430 HOLLY ST.  
City-St-Zip: ZELLWOOD, FL 32798

I hereby 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 all other like empowered.

SIGNATURE: WILLIE S BLACK

BIS

04/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date