

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000004980**

1. Entity Name  
**PROTECT OUR CHILDREN INCORPORATED**



Principal Place of Business

**120-A HARRISON STREET, #1  
STE 1  
COCOA, FL 32922**

Mailing Address

**120-A HARRISON STREET, #1  
STE 1  
COCOA, FL 32922**



04072006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3335293**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GILICK, KEVIN P  
61 PARK STREET  
ROCKLEDGE, FL 32955**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000540630  
05/10/06-80025-005 61.25**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GILICK, KEVIN
STREET ADDRESS	61 PARK ST.
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	S
NAME	FONTE, TRACI
STREET ADDRESS	2749 DIGBY RD.
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	T
NAME	WIGLEY, MARK
STREET ADDRESS	1219 SUGAR CREEK LANE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	DIXON, LOIS
STREET ADDRESS	2151 LOIS LANE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	MUTTER, BOBBY
STREET ADDRESS	1100 JOHN GLENN BLVD
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Kevin P. Gillick* **KEVIN P. GILICK**

Date

Daytime Phone #

**4/25/06 (321) 638-3711**