2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000006803

1. Entity Name
THE WEST PUTNAM SAVE OUR CHILDREN INC.

Principal Place of Business
WALKER-MONROE CENTER
157 SOUTH C-21
HAWTHORNE, FL 32640

Mailing Address
P.O. BOX 1688
HAWTHORNE, FL 32640

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

04082008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3513848 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PINKNEY, GEORGE L III
21207 SE 62ND AVE
HAWTHORNE, FL 32640

7. Name and Address of New Registered Agent

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

Filing Fee Is $61.25
Due by May 1, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MONROE, BILLIE	NAME	
STREET ADDRESS	1338 BADEN POWELL RD	STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE, FL 32640	CITY-ST-ZIP	
TITLE	1VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, THEATRICE	NAME	
STREET ADDRESS	111 FISHER TRAIL	STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE, FL 32640	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MONROE, WILLA	NAME	
STREET ADDRESS	1342 BADEN POWELL RD	STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE, FL 32640	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RHIM, TARGIE	NAME	
STREET ADDRESS	220 BADEN POWELL ROAD	STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE, FL 32640	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVIS, MEDFORD	NAME	
STREET ADDRESS	201 CHESSER MONROE RD	STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE, FL 32640	CITY-ST-ZIP	
TITLE	2VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLEMONS, ERIKA	NAME	
STREET ADDRESS	120 COUNTY RD 21	STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE, FL 32640	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: Billie Monroe Billie Monroe, President 4/25/08 352-475-2303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #