

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14 1996 8:00 am
Secretary of State

DOCUMENT # 748181 (5)
1. Corporation Name
SAFESPACE, INC.



Principal Place of Business: **510 ORANGE AVE FT. PIERCE FL 34948 US**
Mailing Address: **P.O. BOX 4222 VERO BEACH FL 32981 US**

3. Date Incorporated or Qualified: **07/24/1979**
3a. Date of Last Report: **01/17/1996**
4. FEI Number: **59-1983994**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 P.O. BOX 4222**
Suite, Apt. #, etc.: **27**
City & State: **28 FORT PIERCE, FL**
Zip: **24 34950** Country: **25 U.S.**
Zip: **29 34948** Country: **30 U.S.**

9. Name and Address of Current Registered Agent
**ROBERT MARCH
5409 EAGLE DRIVE
FORT PIERCE FL 34951**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GRAVES, JUDY 2205 14TH AVE FORT PIERCE, FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE	VP MORTON, BAMBI 4801 SE GARSTAN #3 STUART FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	S WILLIAMS, SARA 800 KAUFMAN AVE FT PIERCE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	T MARCH, ROBERT 5409 EAGLE DR FT PIERCE FL 34951	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	ADM BYNUM, JAMES 4324 END SQ SW VERO BEACH FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD GRAVES, JUDY 2205 14TH AVENUE VERO BEACH, FL 32960
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP LAWSON, LARRY 197 SE VILLAGE DR. PORT ST. LUCIE, FL 34952
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S CAROLYN CLAYTON 2205 14TH AVENUE VERO BEACH, FL 32960
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T ARMELLINI, PATRICIA 4994 LAKE GROVE CIR. PALM CITY, FL 34990
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ADM MARCH, ROBERT 5409 EAGLE DRIVE FORT PIERCE, FL 34951
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert March** Executive Director **3/6/96** (407) **595-0042**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)