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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748181 (5)

1. Corporation Name
SAFESPACE, INC.



Principal Place of Business 510 ORANGE AVE FT. PIERCE FL 34950 US	Mailing Address P.O. BOX 4075 FT PIERCE FL 34948-4075 US
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3. Date incorporated or Qualified 07/24/1979	
4. FEI Number 59-1983994	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

8. Name and Address of Current Registered Agent

~~GIERSDORF, DOLORES~~
~~3081 S.E. ASTER LANE~~
~~#107~~
~~STUART FL 34994~~

10. Name and Address of New Registered Agent

81 Name Louise Hubbard		
82 Street Address (P.O. Box Number is Not Acceptable) 2367 SE Harrington Ave.		
83		
84 City Pt. St. Lucie	85 State FL	86 Zip Code 34952

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 *Louise Hubbard* **Louise Hubbard** DATE **1/25/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LAWSON, LARRY	
STREET ADDRESS	1104 9TH SQUARE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MACK, JAYRENE	
STREET ADDRESS	4300 S.E. ST. LUCIE BLVD., #70	
CITY-ST-ZIP	STUART FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLAYTON, CAROLYN	
STREET ADDRESS	2205 14TH AVE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROSSLOW, GRACIA	
STREET ADDRESS	2540 HARBOUR COVE DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	ADM	<input checked="" type="checkbox"/> DELETE
NAME	GIERSDORF, DOLORES	
STREET ADDRESS	3081 S.E. ASTER LANE, #107	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jayrene Mack	
1.3 STREET ADDRESS	4300 SE St Lucie Blvd #70	
1.4 CITY-ST-ZIP	Stuart, Fl., 34997	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Susan Taggart	
2.3 STREET ADDRESS	2703 J. N ALA	
2.4 CITY-ST-ZIP	Ft. Pierce, Fl., 34949	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James Harrell	
4.3 STREET ADDRESS	707 E Osceola St	
4.4 CITY-ST-ZIP	Stuart, Fl., 34994	
5.1 TITLE	ADM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Louise Hubbard	
5.3 STREET ADDRESS	2367 SE Harrington Ave.	
5.4 CITY-ST-ZIP	Pt. St. Lucie, Fl., 34952	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Louise Hubbard* **Louise Hubbard** DATE **1/25/98** 561-595-0042

CR2E037 (10/97)