

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90003 050 ****61.25

DOCUMENT # N50201
 1. Entity Name
SAFESPACE FOUNDATION, INC.



Principal Place of Business
7831 NE MIAMI CTG
MIAMI, FL 33138 US

Mailing Address
P O BOX 530521
MIAMI, FL 33153 US

00061301



2. Principal Place of Business
1435 NE 162 ST

3. Mailing Address
 Suite, Apt. #, etc.
NORTH MIAMI BEACH

City & State
Florida

Zip
33162

Country
USA

08042005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0353923

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RUDOLPH, PEGGY
7831 NE MIAMI COURT
MIAMI, FL 33138

7. Name and Address of New Registered Agent

Name
MYHOSI S. ASHTON

Street Address (P.O. Box Number is Not Acceptable)
1435 NE 162 ST

NORTH MIAMI BEACH, FL

City
FL

Zip Code
33162

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 **MYHOSI ASHTON** **[Signature]** **8/10/05**
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 September 7, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAE-GRUBOSKI, KAREN P.O BOX 331172 COCONUT GROVE, FL 33233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANN, CORA 16901 NE 19TH AVE MIAMI, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, ELIZABETH 3250 MARY ST. #307 MIAMI, FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIM, MI 910 MICHIGAN AVE., #306 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ASHTON, ADRIAN 770 E. EVANSTON CIRCLE FT. LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM DARDEN, YVETTE 16901 N.E. 19TH AVENUE NORTH MIAMI BEACH, FL 33161 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Lissette Labrousse 18031 DISCAYNE BLVD. #1503 AVENTURA, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E.D. MYHOSI "Josie" ASHTON P.O. BOX 530581 MIAMI SHORES, FL 33153 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES MOORE 16901 NE 19 AVE NORTH MIAMI BEACH, FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRISTINE PEÑA 681 West 51 St. MIAMI BEACH, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRISTINE HORNE 5750 COLLINS AVE. #11-D MIAMI BEACH, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZENA FRIEDMAN 5750 COLLINS AVE. #11-D MIAMI BEACH, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: **[Signature]** **8/10/05**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

ATTACHMENT
5061301

Please add to Safespace Foundation, Inc.
N50201

MAYRA A. DOMINGUEZ, L.M.S.W.
8261 NW 8 Street
MIAMI, FL 33126
786-282-7886

BOARD MEMBER

PEGGY RUDOLPH
ADJUNCT TEACHER
BARRY UNIVERSITY
321 N.E. 112TH STREET
MIAMI, FL 33161
(305) 893-4961 (H&F)

(PAST PRESIDENT)

KELLY MORRIS
U.S. PROBATION OFFICER
25 BISCAYNE BLVD. #2500
MIAMI, FL 33131
305-808-1408 (o) 305-808-6469 (f) 305-528-7369©

BOARD MEMBER

SUZI KENNEY
SHOOK, HARDY & BACON
201 Biscayne Blvd.
Miami, FL 33131
786-552-9841(H) 305-358-7472 (F)

BOARD MEMBER

DOROTHY SENIW
JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA, INC.
735 NE 125 STREET
NORTH MIAMI, FL 33161
305-899-1587 XT.103 (O) 305-899-1565 (F) 954-850-1642 (C) 954-989-0941 (H)

BOARD MEMBER