

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)



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

FILED

07 JUN -1 AM 8:43

Principal Place of Business Mailing Address
7831 NE MIAMI CT P O BOX 530521
MIAMI FL 33138 MIAMI FL 33153
US US

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0353923 Not Applicable

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

6. Name and Address of Current Registered Agent
ACUNA, JOSE F
7831 NE MIAMI CT
MIAMI FL 33138

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

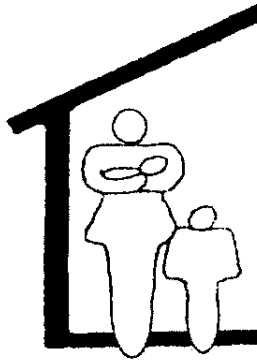
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME SD GRAE-GRUBOSKI, KAREN STREET ADDRESS P.O BOX 331172 CITY-ST-ZIP COCONUT GROVE FL 33233	<input type="checkbox"/> Delete
TITLE NAME TD MANN, CORA STREET ADDRESS 16901 NE 19TH AVE CITY-ST-ZIP MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME P BAKER, ELIZABETH STREET ADDRESS 3250 MARY ST. #307 CITY-ST-ZIP MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME BM LABROUSSE, LISSETTE STREET ADDRESS 18031 BISCAYNE BLVD, # 1503 CITY-ST-ZIP AVENTURA FL 33160	<input checked="" type="checkbox"/> Delete
TITLE NAME BM MORRIS, KELLY STREET ADDRESS 25 BISCAYNE BLVD SUITE 2500 CITY-ST-ZIP MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME BM DARDEN, YVETTE STREET ADDRESS 16901 N.E. 19TH AVENUE CITY-ST-ZIP NORTH MIAMI BEACH FL 33161	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME BM Roslyn Parker STREET ADDRESS ONE ONKWOOD BLVD CITY-ST-ZIP Hollywood, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VP Christine Pena STREET ADDRESS 621 W 51 street CITY-ST-ZIP Miami Beach FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Peggy Rudolph STREET ADDRESS 321 N.E. 112th ST. CITY-ST-ZIP Miami, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME 200104256252 STREET ADDRESS 06/12/07--01014--016 **\$5.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 persons empowered.

SIGNATURE: *[Signature]* 5/10/07 305-758-2804



SAFESPACE FOUNDATION INC.
SEPTEMBER 2006
OFFICERS ROSTER

ELIZABETH S. BAKER, ESQ. (PRESIDENT)
BAKER & CRONIG & GASSENHEIMER, LLP.
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(305)667-0599 (H)

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PEGGY RUDOLPH (PAST PRESIDENT)
ADJUNCT TEACHER
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U.S. PROBATION OFFICER
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EXECUTIVE DIRECTOR

miamijfa@aol.com