


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 29, 1999 8:00 am**  
**Secretary of State**

05-29-1999 90014 027 \*\*\*122.50

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005772**

1. Corporation Name  
**SAFETY AND ACCOUNTABILITY FOR EVERYONE-TOGETHER, INC.**

\* 5 6 5 9 3 5 \*  
 565935 - 90014 - 54

Principal Place of Business 2544 BLAIRSTONE PINES DRIVE TALLAHASSEE FL 32301	Mailing Address P.O. BOX 10087 TALLAHASSEE FL 32302-2087
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 10/13/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3475732
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	
	Zip 30	

9. Name and Address of Current Registered Agent

**MEYER, RONALD G ESQ.**  
**2544 BLAIRSTONE PINES DRIVE**  
**TALLAHASSEE FL 32301**

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

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	CAPLOWE, SUSIE	
STREET ADDRESS	P.O. BOX 1201 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32302-2101	
TITLE	WCD	<input type="checkbox"/> DELETE
NAME	HENDRICKSON, DAN	
STREET ADDRESS	P.O. BOX 1201 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32302-1201	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AVERA, MARK	
STREET ADDRESS	305 SE SECOND AVE	
CITY-ST-ZIP	GAINESVILLE FL 32602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> ADDITION
NAME	STEPHANIE VON GLINSKEY	
STREET ADDRESS	18 CAMELIA DR.	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELSIE ALLEN	
1.3 STREET ADDRESS	1910 NW 53 AVE	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TOM WHALEN	
2.3 STREET ADDRESS	200 ANCHORS LAKE DR. N.	
2.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KATHERINE KELLY	
3.3 STREET ADDRESS	160 ROYAL PALM WAY	
3.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN HOWEY	
4.3 STREET ADDRESS	5060 LINCOLN CIR.	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32209	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CLIFF CARLSTEDT	
5.3 STREET ADDRESS	770 S. PALM AVE #1808	
5.4 CITY-ST-ZIP	SARASOTA, FL 34236	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MELODY JOHNSON	
6.3 STREET ADDRESS	2288 GRASSROOTS WAY	
6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-99 3856160  
 Date Daytime Phone #

CR2E037 (11/98)