

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

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

04-29-1999 90078 020 \*\*\*\*61.25

**DOCUMENT # N98000001101**

1. Corporation Name

**SAFEGUARD OF CENTRAL FLORIDA, INC.**

Principal Place of Business

16225 ARROWHEAD TRAIL  
CLERMONT FL 34711

Mailing Address

16225 ARROWHEAD TRAIL  
CLERMONT FL 34711



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

59-3571094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

JENSEN, LISA  
16225 ARROWHEAD TRAIL  
CLERMONT FL 34711

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME JENSEN, LISA  
STREET ADDRESS 16225 ARROWHEAD TRAIL  
CITY-ST-ZIP CLERMONT FL 34711 ☐ DELETE

TITLE D  
NAME WARD, STEPHANIE  
STREET ADDRESS 509 GREENSPRING CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ DELETE

TITLE D  
NAME CARTER, PATRICIA  
STREET ADDRESS 8011 MEADOW GLEN DR.  
CITY-ST-ZIP ORLANDO FL 32810 ☒ DELETE

TITLE D  
NAME DEWS, PEOLA BUTLER PH.D.  
STREET ADDRESS 8113 VINELAND OAKS BLVD.  
CITY-ST-ZIP ORLANDO FL 32835 ☐ DELETE

TITLE D  
NAME LONG, LISA T ESQ.  
STREET ADDRESS 3703 KINGSWOOD DR.  
CITY-ST-ZIP DISTRICT HEIGHTS MD 20747 ☒ DELETE

TITLE D  
NAME BURGIN, RUBY  
STREET ADDRESS 11419 COSCA PARK PLACE  
CITY-ST-ZIP CLINTON MD 20735 ☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Kit McClelland  
1.3 STREET ADDRESS 2003 Whitfield Lane  
1.4 CITY-ST-ZIP Orlando, FL 32835 ☐ Change ☒ Addition

2.1 TITLE D  
2.2 NAME Dianne Jess  
2.3 STREET ADDRESS 203 Sunrise Blvd.  
2.4 CITY-ST-ZIP Delray, FL 32713 ☐ Change ☒ Addition

3.1 TITLE D  
3.2 NAME Katherine Wilson  
3.3 STREET ADDRESS 6672 Cristina Marie Drive  
3.4 CITY-ST-ZIP Orlando, FL 32835 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**  
Jensen Lisa R Jensen 4-30-99 (407) 877-9699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)