

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000350

FILED
Apr 24, 2008
Secretary of State

Entity Name: COALITION FOR FAMILY SAFETY, INC.

Current Principal Place of Business:

2544 BLAIRSTONE PINES DR
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 1103
TALLAHASSEE, FL 323021103

New Mailing Address:

FEI Number: 59-3424396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, RONALD G
2544 BLAIRSTONE PINES DR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: ROBERTS, CHARLES
Address: 1241 S FLORIDA AVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: TD () Delete
Name: SANTA MARIA, DIANA
Address: STE 3060 4801 S UNIVERSITY DR
City-St-Zip: FT LAUDERDALE, FL 33328 US

Title: DS () Delete
Name: SLATER, TOM
Address: STE 1900 1 INDEPENDENT DR
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D () Delete
Name: SWOPE, DALE
Address: 1234 EAST 5TH AVENUE
City-St-Zip: TAMPA, FL 33605 US

Title: D () Delete
Name: CONE, CLARK
Address: 801 SPENCER DR
City-St-Zip: W. PALM BCH, FL 33409 US

Title: D (X) Delete
Name: MCAFEE, BILL
Address: 1818 S. AUSTRALIAN AVE #450
City-St-Zip: W. PALM BCH, FL 33409 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PETOSA, FRANK
Address: 7251 W. PALMETTO PARK ROAD
City-St-Zip: BOCA RATON, FL 33433 US

Title: T (X) Change () Addition
Name: EDWARDS, TOM
Address: 1301 RIVERPLACE BLVD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: PS (X) Change () Addition
Name: CARRUTHERS, SCOTT
Address: 218 S. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOCTT CARRUTHERS

PS

04/24/2008

Electronic Signature of Signing Officer or Director

Date