

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002064

**Entity Name:** PUBLIC SAFETY ACADEMY HOUSING, INC.

**Current Principal Place of Business:**

444 APLEYARD DRIVE  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

75 COLLEGE DR  
203  
HAVANA, FL 32333

**FEI Number:** 36-4549759

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

EUNICE, E.E.  
444 APLEYARD DRIVE  
TALLAHASSEE, FL 32304 US

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name SEWELL, JAMES  
Address 301 2ND STREET, NORTH, UNIT4  
City-State-Zip: ST PETERSBURG FL 33701

Title SECRETARY  
Name EUNICE, E.E  
Address 75 COLLEGE DR SUITE #203  
City-State-Zip: HAVANA FL 32333

Title D  
Name MURDAUGH, JAMES T  
Address 444 APLEYARD DRIVE  
City-State-Zip: TALLAHASSEE FL 32304

Title D  
Name MESSESMITH, FRANK  
Address 444 APLEYARD DRIVE  
City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR  
Name MOORE, TIM  
Address 444 APLEYARD DRIVE  
City-State-Zip: TALLAHASSEE FL 32304

*I hereby 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 all other like empowered.*

**SIGNATURE: E.E. EUNICE**

**EXECUTIVE DIRECTOR**

**02/03/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date