

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50201

**Entity Name:** SAFESPACE FOUNDATION, INC.

**Current Principal Place of Business:**

7831 NE MIAMI CT  
MIAMI, FL 33138

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC6722987986**

**Current Mailing Address:**

P O BOX 530521  
MIAMI, FL 33153 US

**FEI Number: 65-0353923**

**Certificate of Status Desired: No**

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

BAKER, ELIZABETH S  
2525 PONCE DE LEON BLVD.  
4TH FLOOR  
CORAL GABLES, FL 33134 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 PAST PRESIDENT  
Name BAKER, ELIZABETH  
Address 2525 PONCE DE LEON BOULEVARD  
4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title P  
Name GAROFALO, JEANNETTE  
Address 420 NE 113 STREET  
City-State-Zip: MIAMI FL 33161

Title T  
Name MANN, CORA  
Address 16901 N.E. 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33161

Title VP  
Name NOBLES, CAROL  
Address 9627 SOUTH DIXIE HIGHWAY  
City-State-Zip: MIAMI FL 33156

Title SECRETARY  
Name MENENDEZ, JANINE  
Address P.O. BOX 530521  
City-State-Zip: MIAMI SHORES FL 33153

Title EXECUTIVE DIRECTOR  
Name RUTLEDGE, ALBERTHA  
Address 17645 N.W. 37TH COURT  
City-State-Zip: MIAMI GARDENS FL 33055

*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: ALBERTHA RUTLEDGE**

**EXECUTIVE DIRECTOR**

**04/22/2015**

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

\_\_\_\_\_  
Date