

2024 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

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 PRESIDENT
Name GAROFALO, JEANNETTE
Address P O BOX 530521
City-State-Zip: MIAMI FL 33153

Title TREASURER
Name GHOMESHI, NEDA
Address P O BOX 530521
City-State-Zip: MIAMI FL 33153

Title VP
Name ALICIA, CONSUEGRA
Address 7400 SW 57 COURT
SUITE 201
City-State-Zip: SOUTH MIAMI FL 33143

Title SECRETARY
Name KIRMAZ, YANA
Address P O BOX 530521
City-State-Zip: MIAMI FL 33153

Title DIRECTOR OF EMERGENCY RELIEF
Name MANN, CORA
Address P O BOX 530521
City-State-Zip: MIAMI FL 33153

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: MANN , CORA

**DIRECTOR OF
EMERGENCY RELIEF**

04/18/2024

Electronic Signature of Signing Officer/Director Detail

Date