## 2020 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

**FILED** Mar 24, 2020

**Secretary of State** 

6271082229CC

Officer/Director Detail:

PAST PRESIDENT Title Title **PRESIDENT** 

BAKER, ELIZABETH Name Name GAROFALO, JEANNETTE

City-State-Zip:

MIAMI FL 33153

Address 2525 PONCE DE LEON BOULEVARD Address P O BOX 530521

4TH FLOOR

CORAL GABLES FL 33134 City-State-Zip:

Title VΡ **TREASURER** Title

Name ALICIA, CONSUEGRA Name MANN, CORA

Address 7400 SW 57 COURT Address 16901 N.E. 19TH AVENUE SUITE 201

City-State-Zip: SOUTH MIAMI FL 33143 City-State-Zip: NORTH MIAMI BEACH FL 33161

Title **EXECUTIVE DIRECTOR** Title **SECRETARY** RUTLEDGE, ALBERTHA Name Name GOMESHI, NEDA 300 N.E. 191ST STREET P O BOX 530521 Address Address

APT. 212 City-State-Zip: MIAMI FL 33153

MIAMI FL 33179 City-State-Zip:

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.

03/24/2020 SIGNATURE: CORA L. MANN **TREASURE**