

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005806

Entity Name: THE CHILDREN'S PLACE AT HOME SAFE FOUNDATION, INC.**Current Principal Place of Business:**2840 SIXTH AVENUE SOUTH
LAKE WORTH, FL 33461**Current Mailing Address:**2840 SIXTH AVENUE SOUTH
LAKE WORTH, FL 33461 US**FEI Number:** 65-0462950**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LADIKA, MATTHEW
2840 SIXTH AVENUE SOUTH
LAKE WORTH, FL 33461 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 PRES
Name VARGAS, ROBERTO ESQ.
Address 505 SOUTH FLAGLER DRIVE, SUITE 1100
City-State-Zip: WEST PALM BEACH FL 33401

Title SEC
Name PIERSON, GLORIA D.
Address 10013 COUNTRY BROOK ROAD
City-State-Zip: BOCA RATON FL 33428

Title DIRECTOR
Name LAYMAN, DAVID M ESQ.
Address 777 SOUTH FLAGLER DRIVE SUITE 301E
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name NELSON, ALICE
Address 1406 14TH WAY
City-State-Zip: WEST PALM BEACH FL 33407

Title TRES
Name DAVIDSON, HARLEY
Address 700 UNIVERSE BOULEVARD, EMT/JB
City-State-Zip: JUNO BEACH FL 33408

Title PAST
Name COPENHAVER, CHERIE
Address 3077 WATERSIDE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33435

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: ROBERTO VARGAS**PRESIDENT****04/16/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date