

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748181

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: SAFESPACE, INC.

**Current Principal Place of Business:**

P.O. BOX 4075  
FT. PIERCE, FL 349484075 US

**New Principal Place of Business:**

632 SE MONTEREY ROAD  
STUART, FL 34994 US

**Current Mailing Address:**

P.O. BOX 4075  
FT PIERCE, FL 349484075 US

**New Mailing Address:**

632 SE MONTEREY ROAD  
STUART, FL 34994 US

FEI Number: 59-1983994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOROWICZ, JILL CEO  
1849 NE VICTORIAN LANE  
JENSEN BEACH, FL 34957 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WESTBURY, ANTHONY  
Address: 701 BEACH CT.  
City-St-Zip: FORT PIERCE, FL 34950

Title: S ( ) Delete  
Name: WETZEL, SHERI  
Address: 909 WEST MIDWAY ROAD  
City-St-Zip: FORT PIERCE, FL 34982

Title: CEO ( ) Delete  
Name: BOROWICZ, JILL  
Address: P.O. BOX 4075  
City-St-Zip: FORT PIERCE, FL 34948

Title: T ( ) Delete  
Name: GIACCONE, ROBBI  
Address: 5415 CASSIA DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: WESTBURY, ANTHONY  
Address: 701 BEACH CT.  
City-St-Zip: FORT PIERCE, FL 34950

Title: P (X) Change ( ) Addition  
Name: WETZEL, SHERI  
Address: 909 WEST MIDWAY ROAD  
City-St-Zip: FORT PIERCE, FL 34982

Title: CEO (X) Change ( ) Addition  
Name: BOROWICZ, JILL  
Address: 632 SE MONTEREY ROAD  
City-St-Zip: STUART, FL 34994

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JILL BOROWICZ

CEO

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date