

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006622 (4)

1. Corporation Name

SAFE PASSAGE FOUNDATION, INC.



Principal Place of Business

5500 34TH ST. W.
BRADENTON FL 34210

Mailing Address

5500 34TH ST. W.
BRADENTON FL 34210

3. Date Incorporated or Qualified
12/28/1994

3a. Date of Last Report
05/11/1995

2. Principal Place of Business

21 100 PARK AVENUE

2a. Mailing Address

26 100 PARK AVENUE

4. FEI Number
52-1702507

Applied For
Not Applicable

Suite, Apt. #, etc.

22 10TH FL.

Suite, Apt. #, etc.

27 10TH FL.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 NEW YORK, NY

City & State

28 NEW YORK, NY

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 10017

Country

25 USA

Zip

29 10017

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, ROBERT C
5500 34TH ST., W.
BRADENTON FL 34210

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☐ DELETE

NAME DAVIS, ROBERT C
STREET ADDRESS 5500 34TH ST. WEST
CITY-ST-ZIP BRADENTON FL 34210

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME DOWDELL, KEVIN
STREET ADDRESS 159 E. 30TH ST., #7A
CITY-ST-ZIP NEW YORK NY 10016

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME BENTLEY, KEN
STREET ADDRESS 800 N. BRAND BLVD.
CITY-ST-ZIP GLENDALE CA 91203

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)