

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90105 031 \*\*\*\*61.25

**DOCUMENT # N00000001373**

1. Entity Name  
**FEDERAL ALLIANCE FOR SAFE HOMES - FLASH, INC.**



Principal Place of Business  
**1427 E. PIEDMONT DR  
SUITE 2  
TALLAHASSEE, FL 32308 US**

Mailing Address  
**1427 E. PIEDMONT DR  
SUITE 2  
TALLAHASSEE, FL 32308 US**

40075003



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3641392**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAPMAN-HENDERSON, LESLIE  
1427 EAST PIEDMONT DRIVE  
SUITE 2  
TALLAHASSEE, FL 32308**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*(Signature)*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.22.08

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
CHAPMAN-HENDERSON, LESLIE  
1427 EAST PIEDMONT DRIVE SUITE 2  
TALLAHASSEE, FL 32308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WHITE, GARY  
2455 PACES FERRY ROAD  
ATLANTA, GA 30339** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WEILAND, RICHARD  
5203 LEESBURG PIKE # 600  
FALLS CHURCH, VA 22041** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Weiland, Richard  
500 New Jersey Ave N.W. 6th Floor  
Washington, DC 20001** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BAILY-WILLIAMSON, NANCY  
7840 WOODLAND CENTER BLVD.  
TAMPA, FL 33614** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
McCrink, Patrick  
7840 Woodland Center Blvd.  
Tampa, FL 33614** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SEIBERT, STEVE  
8048 EVENING STAR LN  
TALLAHASSEE, FL 32312** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
May, Ben  
1400 Avenue of the Stars, Innoventions 2nd Floor  
Lake Buena Vista, FL 32830** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SAFLEY, SANDY  
215 S MONROE ST 2ND FL  
TALLAHASSEE, FL 32301** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.22.08