

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004607

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: BUILDING A SAFER FLORIDA, INC.

## Current Principal Place of Business:

200 WEST COLLEGE AVENUE  
SUITE 214  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

1400 VILLAGE SQUARE BOULEVARD  
NUMBER 3-243  
TALLAHASSEE, FL 32312

## New Mailing Address:

FEI Number: 59-3754749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, RICHARD  
110 A SOUTH MONROE STREET  
TALLAHASSEE, FL 32301 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: D ( ) Delete  
Name: RUDD, FRANK  
Address: 125 S GADSDEN ST FIRST FLOOR  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: LONG, VICKIE  
Address: 104 EAST JEFFERSON STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: BUCK, DOUGLAS P  
Address: 201 EAST PARK AVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: WATSON, RICHARD  
Address: 200 WEST COLLEGE AVE, SUITE 214  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: FENTRISS, ANNA C  
Address: 1400 VILLAGE SQUARE BLVD #3-243  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ANNA CAM FENTRISS

D

04/07/2008

Electronic Signature of Signing Officer or Director

Date