

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90730 027 ****61.25

DOCUMENT # N01000006330

1. Entity Name

**MY PLACE IN THIS WORLD. CHILDREN AND ADULTS
WITH DISABILITIES SAFETY NETWORK, INC.**



Principal Place of Business

PO BOX 154
WINTER PARK FL 32790

Mailing Address

PO BOX 154
WINTER PARK FL 32790

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3744827

Applied For

Not Applicable

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

**HENDRIX, TAMMY
8202 PEMBROOK VILLAS CIR
ORLANDO FL 32810**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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
PMT
HENDRIX, TAMMU
8202 PEMBROOK VILLAS CIR
ORLANDO FL 32810 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PMT
HENDRIX, TAMMY
8202 Pembroke Villas Circle
Orlando, FLORIDA 32810 ☒ Change ☐ Addition
Spelling correction on name

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CT
COLE, CANDY
5221 REGAL OAKS CIR
ORLANDO FL 32810 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CT
HENDERSON, GAIL
39 ROLAND HAYES ST
APOPKA FL 32703 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CT
Johnson-Henderson, Gail
4527 ARCH STREET
Orlando, Florida 32808 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CHAPMAN, BETTY
511 W COMSTOCK AVE
WINTER PARK FL 32789 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 exemption stated in Section 119.07(3)(i), 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:

Tammy Hendrix Tammy Hendrix

April 29, 2004

407 291-1494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #