

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90143 036 ****61.25

DOCUMENT # NO1000006330

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

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

**HENDRIX, TAMMY
1622 CIMARRON HILLS DR
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name **TAMMY HENDRIX**

Street Address (P.O. Box Number is Not Acceptable) **8202 Pembroke**

Villas Circle

City **Orlando**

FL

Zip Code **32810**

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

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

TITLE **PMT** ☐ Delete
NAME **HENDRIX, TAMMU**
STREET ADDRESS **8202 PEMBROKE VILLAS CIR**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **VD** ☐ Delete
NAME **COLE, CANDY**
STREET ADDRESS **5221 REGAL OAKS CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **CD** ☒ Delete
NAME **HUGGINS, CRAST**
STREET ADDRESS **4434 RINGNECK RD**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **SD** ☐ Delete
NAME **HENDERSON, GAIL**
STREET ADDRESS **39 ROLAND HAYES ST**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PMT** ☒ Change ☐ Addition
NAME **HENDRIX, TAMMY**
STREET ADDRESS **8202 Pembroke Villas Circle**
CITY-ST-ZIP **ORLANDO, FL. 32810**

TITLE **CT** ☒ Change ☐ Addition
NAME **COLE, CANDY**
STREET ADDRESS **5221 REGAL OAKS CIRCLE**
CITY-ST-ZIP **ORLANDO, FL. 32810**

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

TITLE **CT** ☒ Change ☐ Addition
NAME **HENDERSON, GAIL**
STREET ADDRESS **39 ROLAND HAYES ST.**
CITY-ST-ZIP **APOPKA, FL. 32703**

TITLE **STT** ☐ Change ☒ Addition
NAME **CHAPMAN, BETTY**
STREET ADDRESS **511 W. Comstock Ave.**
CITY-ST-ZIP **Winter Park, FL 32789**

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

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 4-16-2003 (407) 291-1494

CR2E037 (10/02)