

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90193 043 ****70.00

DOCUMENT # N01000008493

1. Entity Name
COMMUNITY SAFETY COALITION INC.



Principal Place of Business
**4428 LAFAYETTE ST
209
MARIANNA, FL 32246**

Mailing Address
**4428 LAFAYETTE ST
209
MARIANNA, FL 32246**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292008 Chg-NP CR2E037 (12/06)

4. FEI Number
27-0017438

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

**FADER, KAREN
4428 LAFAYETTE ST
209
MARIANNA, FL 32246**

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

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
FADER, KAREN
5488 9 ST
MALONE, FL 32445** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRICE, HELEN
207 GAY AVE
SNEADS, FL 32460** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
TAYLOR, DAVID
4428 LAFAYETTE STREET STE 209
MARIANNA, FL 32446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BRASHER, CHARLES
4428 LAFAYETTE ST STE 209
MARIANNA, FL 32446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FADER, BILL
5488 9 STREET
MALONE, FL 32445** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRELL, ROBERT
1157 CEMETARY RD
ALFORD, FL 32420** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
FADER, KAREN
999 EMERALD DRIVE
ALFORD FL 32420** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Stone, Sherril
2959 Westmanor Drive
Marianna FL 32446** ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FADER, BILL
999 EMERALD DRIVE
ALFORD FL 32420** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
HARRELL, ROBERT
1157 CEMETARY RD
ALFORD, FL 32420** ☒ 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 #

4/29/08