2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # N0100008493 1. Entity Name COMMUNITY SAFETY COALITION INC. | | | | | 05-01-2008 90193 043 ****70.00 | | | |
|--|---|---|--|---|--|---|--|--|
| 4428 LAFAYETTE ST 4421 209 209 MARIANNA, FL 32246 MAR | | Mailing Address 4428 LAFAYETTE ST 209 MARIANNA, FL 32246 | | | | | | |
| | | 3. Mailing Address | ailing Address | | | | | |
| | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | Chg-NP | CR2E037 (12/06) | | |
| City & State C | | City & State | City & State | | 38 | <u> </u> | plied For t Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of S | Status Desired | \$8.75 Add Fee Required | | |
| | 6. Name and Address of Current R | egistered Agent | | 7. Name and Ad | dress of New Reg | istered Agent | | |
| | | | Name | | | | | |
| FADER, K. 4428 LAFA 209 | AREN AYETTE ST | | Street Ad | dress (P.O. Box Number is | s (P.O. Box Number is Not Acceptable) | | | |
| MARIANNA, FL 32246 | | | | | | | | |
| ; ; ;;, ~ | | | City | | | FL Zip Code | 9 | |
| 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 ill 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. | | | ke check payable to a Department of St | 1 | |
| 10. | | | | ☐ Added to Fees | | | ate | |
| | OFFICERS AND DIRE | CTORS | 11, | ADDITIONS/CHANG | <u></u> | S AND DIRECTORS IN | | |
| TITLE | DP: ## | CTORS Delete | TITLE | ADDITIONS/CHANG | GES TO OFFICERS | | | |
| NAME | DP SAREN | | TITLE | ADDITIONS/CHANG | GES TO OFFICERS | AND DIRECTORS IN | 10 | |
| NAME STREET ADDRESS | DP FADER KAREN 5488 9 ST | | TITLE | ADDITIONS/CHANG | GES TO OFFICERS | AND DIRECTORS IN | 10 | |
| NAME STREET ADDRESS CITY-ST-ZIP | DP FADER KAREN 5488 9 ST MALONE, FL 32445 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS/CHANG DP FADER, KARE 999 EMERALD I ALFORDES24 | GES TO OFFICERS | AND DIRECTORS IN | 10 Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | DP FADER KAREN 5488 9 ST MALONE, FL 32445 D | | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | ADDITIONS/CHANG DP FADER, KARE. 999 EMERALD I ALFORDESZY | SES TO OFFICERS ORIVE OO | S AND DIRECTORS IN Change | 10 | |
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| NAME STREET ADDRESS CITY-ST-ZIP | DP FADER KAREN 5488 9 ST MALONE, FL 32445 D GRICE, HELEN 207 GAY AVE | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | ADDITIONS/CHANG DP FADER, KARE. 999 EMERALD I ALFORDESZY | SES TO OFFICERS ORIVE OO | S AND DIRECTORS IN Change | 10 Addition | |
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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

4/29/08

Daytime Phone #