

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002772

1. Entity Name
S.A.F.E. SOCIETY OF FLORIDA, INC.



Principal Place of Business

**105 MICHIGAN BLVD.
DUNEDIN, FL 34698**

Mailing Address

**105 MICHIGAN BLVD.
DUNEDIN, FL 34698**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number

02-0591766

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SULLIVAN, SUSAN
105 MICHIGAN BLVD.
DUNEDIN, FL 34698**

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IN THIS SPACE**

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 registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAYES, JULIE
STREET ADDRESS	2319 JONES DRIVE
CITY, ST, ZIP	DUNEDIN, FL 34698
TITLE	MD
NAME	SULLIVAN, SUSAN
STREET ADDRESS	105 MICHIGAN BLVD
CITY, ST, ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	LISI, JEN
STREET ADDRESS	1455-B COBURN DRIVE
CITY, ST, ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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01/19/05-80070-012 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/05 727-734-4974