

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002772

FILED
Mar 07, 2006
Secretary of State

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

Current Principal Place of Business:

105 MICHIGAN BLVD.
DUNEDIN, FL 34698

New Principal Place of Business:

3351 WILLIAMSBURG LOOP
HOLIDAY, FL 34691

Current Mailing Address:

105 MICHIGAN BLVD.
DUNEDIN, FL 34698

New Mailing Address:

3351 WILLIAMSBURG LOOP
HOLIDAY, FL 34691

FEI Number: 02-0591766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROSE, TARA L
3351 WILLIAMSBURG LOOP
HOLIDAY, FL 34691 US

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.

SIGNATURE: TARA ROSE

03/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAYES, JULIE
Address: 2319 JONES DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: MD () Delete
Name: SULLIVAN, SUSAN
Address: 105 MICHIGAN BLVD
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: LISI, JEN
Address: 1455-B COBURN DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: ROSE, TARA L
Address: 3351 WILLIAMSBURG LOOP
City-St-Zip: HOLIDAY, FL 34691

Title: D (X) Change () Addition
Name: ROSE, DANNY O
Address: 3351 WILLIAMSBURG LOOP
City-St-Zip: HOLIDAY, FL 34691

Title: D (X) Change () Addition
Name: AVILES, KIM M
Address: 1910 GROVELAND RD
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARA ROSE

MD

03/07/2006

Electronic Signature of Signing Officer or Director

Date