

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002007

1. Entity Name
SAFETY NET FOUNDATION, INC.



Principal Place of Business

**713 NW 19TH STREET
SUITE 104
FORT LAUDERDALE, FL 33311 US**

Mailing Address

**713 NW 19TH STREET
SUITE 104
FORT LAUDERDALE, FL 33311 US**



04292006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
74-3082018

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JESSUP, DAVID M
713 NW 19TH STREET
SUITE 104
FORT LAUDERDALE, FL 33311**

**DO NOT WRITE
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
EVANS, EVAN JACKSON
713 NW 19TH STREET, SUITE 104
FT. LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EXD
JESSUP, DAVID MARK
713 NW 19TH STREET, SUITE 104
FT. LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
MOORE, RANDALL K
713 NW 19TH STREET, SUITE 104
FT. LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
BROWN, ROBERT A JR
1325 NE 5TH TERRACE, APT 4
FT. LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
EVANS, EVAN JACKSON
713 NW 19TH STREET, SUITE 104
FT. LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000560919
05/18/06-80059-012 70.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Evan Jackson Evans* EVAN JACKSON EVANS-CEO 04/29/06 9545240800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #