

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004929

FILED
Jan 12, 2007
Secretary of State

Entity Name: SAFE PASSAGE HOME, INC.

Current Principal Place of Business:

610 FLORIDA BOULEVARD
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

610 FLORIDA BOULEVARD
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 42-1596273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRITSCH, DEBRA K
32 OAKWOOD ROAD
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCOY, JOSEPH S
Address: 216 EVANS DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ST () Delete
Name: MCMINN, ROBERT H
Address: 1116 CEDAR STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D () Delete
Name: SHELTON, CHARLES
Address: 2175 FOREST GATE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: WILCOX, MICHAEL
Address: 4610 MARSH HAWK PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: MCMANUS, RICHARD
Address: 7190 MARSH HAWK COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: ROBBINS, BRUCE
Address: 1959 SELVA MARINA DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH S MCCOY

P

01/12/2007

Electronic Signature of Signing Officer or Director

Date