# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 22, 2009**
**Secretary of State**

DOCUMENT# N03000004929

**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 MRS.
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 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 01/22/2009
Electronic Signature of Signing Officer or Director — Date