

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006922

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: SAFE TEEN DRIVERS, INC.

## Current Principal Place of Business:

6860 GULFPORT BLVD, S #249  
ST PETERSBURG, FL 33707

## New Principal Place of Business:

## Current Mailing Address:

6860 GULFPORT BLVD, S #249  
ST PETERSBURG, FL 33707

## New Mailing Address:

7217 GULF BLVD  
14-122  
ST PETERSBURG, FL 33706

FEI Number: 56-2393288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURAKAMI, BRUCE  
6860 GULFPORT BLVD, S #249  
ST PETERSBURG, FL 33707 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: DP ( ) Delete  
Name: MURAKAMI, BRUCE  
Address: 6860 GULFPORT BLVD, S #249  
City-St-Zip: ST PETERSBURG, FL 33707

Title: DV ( ) Delete  
Name: WINTERS, WILLIAM H  
Address: 709 W AZEELE ST  
City-St-Zip: TAMPA, FL 33606

Title: SD ( ) Delete  
Name: NAPIER, RENEE  
Address: 6860 GULFPORT BLVD, S #249  
City-St-Zip: ST PETERSBURG, FL 33707

Title: MGR ( ) Delete  
Name: CABEZAS, JUSTIN  
Address: 6860 GULFPORT BLVD S 249  
City-St-Zip: ST PETERSBURG, FL 33713

Title: SCTY ( ) Delete  
Name: UCCI, KEN  
Address: 6860 GULFPORT BLVD, S #249  
City-St-Zip: ST PETERSBURG, FL 33707

Title: DS ( ) Delete  
Name: ALES, MADALINE  
Address: 6860 GULFPORT BLVD S  
City-St-Zip: ST PETERSBURG, FL 33707

## 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: DS (X) Change ( ) Addition  
Name: ALES, MADALINE  
Address: 7217 GULF BLVD #14-122  
City-St-Zip: ST PETERSBURG, FL 33706

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: MADALINE ALES

DS

04/13/2009

Electronic Signature of Signing Officer or Director

Date