


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # NO4000000086**  
 1. Entity Name  
**A SAFE PASSAGE FOR KIDS, INC.**



Principal Place of Business      Mailing Address  
**9312 BUD WOOD STREET**      **9312 BUD WOOD STREET**  
**GOTHA, FL 34734**              **GOTHA, FL 34734**

**DO NOT WRITE IN THIS SPACE**



03302005 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>56-2436388</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**JOYNER, ODESSA Y ESQ.**  
**SOUTH TRUST PLAZA**  
**201 E. KENNEDY BLVD - SUITE 600**  
**TAMPA, FL 33602**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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 THOMPSON, BRIDGETT 9312 BUD WOOD ST GOTHA, FL 34734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, SHERYL 3749 CRESCENT PARK BLVD ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVA, PATTI 3603 DUDSDRED CIR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JOYCE 13743 GLYSHEL DR WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000285482  
 04/02/05-80047-012 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Bridgett Thompson*      *Bridgett Thompson*      *3/31/05*      *(407) 521-7065*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #