

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001060

Entity Name: S.A.F.E.ID4FAMILIES, INC.

FILED  
Apr 25, 2007  
Secretary of State

**Current Principal Place of Business:**

6305 NW 57TH WAY  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

6305 NW 57TH WAY  
GAINESVILLE, FL 32653

**New Mailing Address:**

FEI Number: 20-5046005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEL GAIS, GARY J  
6305 NW 57TH WAY  
GAINESVILLE, FL 32653 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: D ( ) Delete  
Name: DEL GAIS, ADA M  
Address: 6305 NW 57TH WAY  
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete  
Name: HOLLADAY, MICHAEL  
Address: 3935 CARVER STREET  
City-St-Zip: NEW ALBANY, IN 47150

Title: D ( ) Delete  
Name: FALK, STEVEN  
Address: 777 OLD COUNTRY ROAD  
City-St-Zip: PLAINVIEW, NY 11803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: COLE, WAYNE  
Address: 4545 COUNTRY ROAD 121D  
City-St-Zip: WILDWOOD, FL 34785

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: GARY J. DEL GAIS

OFFI

04/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date