

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001060

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

FILED
Apr 01, 2009
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: COLE, WAYNE
Address: 4545 COUNTRY ROAD 121D
City-St-Zip: WILDWOOD, FL 34785

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: () 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: GARY J. DEL GAIS

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date