

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004357

FILED
May 01, 2009
Secretary of State

Entity Name: ADVOCATES FOR SAFER COMMUNITIES, INC.

Current Principal Place of Business:

8475 QUARTER HORSE DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

8475 QUARTER HORSE DRIVE
RIVERVIEW, FL 33578

Current Mailing Address:

8475 QUARTER HORSE DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

P O BOX 5194
TAMPA, FL 33675

FEI Number: 51-0576256 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAUNDERS, DARLA
8475 QUARTER HORSE DRIVE
RIVERVIEW, FL 33578 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: SAUNDERS, DARLA
Address: 8475 QUARTER HORSE DRIVE
City-St-Zip: RIVERVIEW, FL 33578

Title: V () Delete
Name: GRIFFIN, KATHANELL
Address: 10432 FLY FISHING ST.
City-St-Zip: RIVERVIEW, FL 33569

Title: V () Delete
Name: CHISOM, ELI B
Address: 3602 E LAMBRIGHT
City-St-Zip: TAMPA, FL 33610

Title: S () Delete
Name: FINCH, GLORIA
Address: 1715 W. NASSAU ST.
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: CANTY-JONES, CONCHITA
Address: 822 E. 112TH AVE.
City-St-Zip: TAMPA, FL 33612

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:

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: DARLA SAUNDERS

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date