

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001193

FILED
Mar 19, 2009
Secretary of State

Entity Name: CITIZENS FOR A SAFER FLORIDA, INC.

Current Principal Place of Business:

4625 LONGFELLOW AVE.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4625 LONGFELLOW AVE.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 37-1561447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, WOFFORD N
4625 LONGFELLOW AVE.
TAMPA, FL 33629 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: GREIG, JORJA
Address: 499 SE 82ND PLACE
City-St-Zip: OCALA, FL 34480

Title: VP () Delete
Name: JOHNSON, ANN
Address: 4625 LONGFELLOW AVE.
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: PRESCOTT, JOY
Address: 1473 NW 100 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: JOHNSON, WOFFORD
Address: 4625 LONGFELLOW AVE.
City-St-Zip: TAMPA,, FL 33629

Title: D () Delete
Name: PRESCOTT, CARL
Address: 1473 NW 100 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: ARLINGTON, LINDA
Address: 15624 CARLTON LAKE RD.
City-St-Zip: WIMAUMA, FL 33598

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: WOFFORD JOHNSON

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date