2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N08000001193

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
Name: GREIG, JORJA
Address: 499 SE 82ND PLACE
City-St-Zip: OCALA, FL 34480

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WOFFORD JOHNSON D 01/05/2012
Electronic Signature of Signing Officer or Director Date