

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 16 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11795

(4)

1. Corporation Name

KEEPSAFE CENTER, INC.

Principal Place of Business

Mailing Address

5626 SOUTLE DR
JACKSONVILLE FL 32219

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JACKSONVILLE FL 32219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1985

3a. Date of Last Report

02/25/1994

4. FE Number

59-2607775

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

22 City & State

27 City & State

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, BRUCE L
12565 WILLARD LN.
JACKSONVILLE FL 32218

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	WALKER, BRUCE L
STREET ADDRESS	12565 WILLARD LN.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	BRADLEY, BARBARA J
STREET ADDRESS	6514 MANHATTAN DR
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	PD
NAME	JACOBS, WILLIE B
STREET ADDRESS	10918 S PLEASANT OAKS RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	MATHIS, EARL L
STREET ADDRESS	7708 LAKE PARK DR
CITY - ST - ZIP	JACKSONVILLE FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bruce L. Walker - Bruce L. Walker

5/14/95

(904) 350-8287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #