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Mar 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N11795** (4)

1. Corporation Name

KEEPSAFE CENTER, INC.

Principal Place of Business

**5626 SOUTLE DR.
JACKSONVILLE FL 32219**

Mailing Address

**5626 SOUTLE DR
JACKSONVILLE FL 32219-3772**



3. Date Incorporated or Qualified **10/29/1985** 3a. Date of Last Report **04/02/1996**

2. Principal Place of Business

21 Keepsafe Center, Inc.

2a. Mailing Address

26 5626 SOUTLE DR.

Suite, Apt #, etc

Suite, Apt #, etc.

22
City & State

27
City & State

23 Jacksonville, FLa.

28 Jacksonville, FLa.

24 Zip Country

25 DUVAL

29 32219

30 DUVAL

4. FEI Number

59-2607775

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

**HATTON, ARENA
1110 EDGEWOOD AVENUE WEST
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

81 Name
Ms. Hermonyone Walker
82 Street Address (P.O. Box Number is Not Acceptable)
5626 Soutel Dr.
83
84 City **Jacksonville** **FL** **85 Zip Code** **32219**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Hermonyone W Walker with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Hermonyone W Walker

3/20/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DELPHIA DR	
STREET ADDRESS	3114 SEINE DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32208	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DAVIS, MARIAN	
STREET ADDRESS	3237 ERNEST STREET	
CITY - ST - ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLINSWORTH, BRYAN	
STREET ADDRESS	8542 O'STEEN STREET	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWSON, ASBURY	
STREET ADDRESS	6010 KINNON DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	M	<input type="checkbox"/> DELETE
NAME	WALKER, HERMONNYONE	
STREET ADDRESS	1265 WILLARD LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Hermonyone W Walker

3/20/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: 40005882

CR2E037 (9/96)