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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90099 026 \*\*\*\*70.00

DOCUMENT # N11795

1. Corporation Name

KEEPSAFE CENTER, INC.

Principal Place of Business

KEEPSAFE CENTER, INC  
JACKSONVILLE FL 32219  
US

Mailing Address

5626 SOUTLE DR  
JACKSONVILLE FL 32219  
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Incorporated or Qualified

10/29/1985

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

I, 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME MORRISON, DR WENDELL

STREET ADDRESS 5425 VERNA BLVD

CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ST ☐ DELETE

NAME DAVIS, MARIAN

STREET ADDRESS 3237 ERNEST STREET

CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D ☐ DELETE

NAME WELLS, JOHN

STREET ADDRESS 604-6 NEW BERLIN RD

CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☐ DELETE

NAME LEMMEL, DAVE

STREET ADDRESS 1303 PULLEN RD

CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE M ☐ DELETE

NAME WALKER, HERMONNYONE

STREET ADDRESS 1265 WILLARD LANE

CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☐ DELETE

NAME BLAYLOCK, MICHAEL

STREET ADDRESS 100 N MYRTLE AVE

CITY-ST-ZIP JACKSONVILLE FL 32204

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)