

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N11795

1. Entity Name  
KEEPSAFE CENTER, INC.



Principal Place of Business  
KEEPSAFE CENTER, INC  
JACKSONVILLE, FL 32219 US

Mailing Address  
5626 SOUTEL DR  
JACKSONVILLE, FL 32219 US



07142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2607775	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, MS. HERMONYONE  
5626 SOUTEL DR  
JACKSONVILLE, FL 32219

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

Filing Fee is \$61.25  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MORRISON, DR WENDELL
STREET ADDRESS	5425 VERNA BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32205

TITLE	P
NAME	DAVIS, MARIAN
STREET ADDRESS	3237 ERNEST STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32205

TITLE	D
NAME	WELLS, JOHN
STREET ADDRESS	604-6 NEW BERLIN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32218

TITLE	D
NAME	WORTHY, AUNDREA
STREET ADDRESS	7528 ARLINGTON EXPWY #1106
CITY-ST-ZIP	JACKSONVILLE, FL 32211

TITLE	M
NAME	WALKER, HERMONNYONE
STREET ADDRESS	1265 WILLARD LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32218

TITLE	D
NAME	BOULWARE, JULIE
STREET ADDRESS	4666 FREDERICKSBURG AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208

**DO NOT WRITE  
IN THIS SPACE**

000001376370  
08/15/05-80002-020 70.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hermonyone W. Walker* *Hermonyone W Walker* 8/10/2005 904 768-6456