


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N11795 1. Entity Name KEEPSAFE CENTER, INC.	
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Principal Place of Business KEEPSAFE CENTER, INC JACKSONVILLE, FL 32219 US	Mailing Address 5626 SOUTEL DR JACKSONVILLE, FL 32219 US
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DO NOT WRITE IN THIS SPACE



08072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2607775	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRISON, DR WENDELL 5425 VERNA BLVD JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, MARIAN 3237 ERNEST STREET JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, JOHN 604-6 NEW BERLIN RD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTHY, AUNDREA 10677 ACADEMY DRIVE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WALKER, HERMONYONE 12565 WILLARD LANE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOULWARE, JULIE 4666 FREDERICKSBURG AVE JACKSONVILLE, FL 32208

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08/18/08-80008-014 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Hermoyone W. Walker 8/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #