

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11795

FILED
Mar 11, 2009
Secretary of State

Entity Name: KEEPSAFE CENTER, INC.

Current Principal Place of Business:

KEEPSAFE CENTER, INC
JACKSONVILLE, FL 32219 US

New Principal Place of Business:

Current Mailing Address:

5626 SOUTEL DR
JACKSONVILLE, FL 32219 US

New Mailing Address:

FEI Number: 59-2607775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V (X) Delete
Name: MORRISON, DR WENDELL
Address: 5425 VERNA BLVD
City-St-Zip: JACKSONVILLE, FL 32205

Title: P () Delete
Name: DAVIS, MARIAN
Address: 3237 ERNEST STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Delete
Name: WELLS, JOHN
Address: 604-6 NEW BERLIN RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: WORTHY, AUNDREA
Address: 10677 ACADEMY DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: M () Delete
Name: WALKER, HERMONYONE
Address: 12565 WILLARD LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Delete
Name: BOULWARE, JULIE
Address: 4666 FREDERICKSBURG AVE
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMONYONE W. WALKER

CEO

03/11/2009

Electronic Signature of Signing Officer or Director

Date