

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90169 001 ****70.00

0001411

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2607775**
Applied For
 Not Applicable

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**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MORRISON, DR WENDELL | |
| STREET ADDRESS | 5425 VERNA BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | DAVIS, MARIAN | |
| STREET ADDRESS | 3237 ERNEST STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | WELLS, JOHN | |
| STREET ADDRESS | 604-6 NEW BERLIN RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WORTHY, AUNDREA | |
| STREET ADDRESS | 7528 ARLINGTON EXPWY #1106 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | WALKER, HERMONNYONE | |
| STREET ADDRESS | 1265 WILLARD LANE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOULWARE, JULIE | |
| STREET ADDRESS | 4666 FREDERICKSBURG AVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Davis, Marian | |
| STREET ADDRESS | 3237 Ernest Street | |
| CITY-ST-ZIP | Jacksonville, FL 32205 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Wells, John | |
| STREET ADDRESS | 604-6 New Berlin Rd. | |
| CITY-ST-ZIP | Jacksonville, FL. 32218 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 information.

SIGNATURE: *Hermonnyone W. Walker*
HERMONNYONE WALKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/11/2003**
Davina Phone #: **904-768-6456**

CR2E037 (4/03)