FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45283 (1)

1. Corporation Name
THE SAFE SCHOOLS COALITION, INC.

Principal Place of Business	Mailing Address
5351 GULF DR. HOLMES BEACH FL 34217	5351 GULF DR. HOLMES BEACH FL 34217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0300014 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CARTER, RICHARD W.
109 3RD ST. NORTH
BRADENTON BEACH FL

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	1.1 TITLE	PE	☐ Change ☒ Addition
NAME	ERICKSON, RUTH	1.2 NAME	Gwendolyn Cooke	
STREET ADDRESS	4748 INDEPENDENCE	1.3 STREET ADDRESS	1905 Association Dr.	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Reston, VA 22091	
TITLE	PE P	2.1 TITLE	Richard Arthur D	☐ Change ☒ Addition
NAME	MCEVOY, ALAN	2.2 NAME	3400 Richmond Parkway #3601	
STREET ADDRESS	6438 GREEN RIDGE AVE	2.3 STREET ADDRESS	Richmond, CA 94806	
CITY-ST-ZIP	NEW CARLISLE OH	2.4 CITY-ST-ZIP		
TITLE	P D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BARRETT, JUDITH	3.2 NAME	LaMar Haynes	
STREET ADDRESS	1510 E COLONIAL AVE	3.3 STREET ADDRESS	1201 16th St. NW - NEA	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Washington DC 20036	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	GALLEGOS, ARNOLD	4.2 NAME	Arnold Gallegos	
STREET ADDRESS	525 S. BURNDICK	4.3 STREET ADDRESS	1671 Tierra Del Rio NW	
CITY-ST-ZIP	KALAMAZOO MI	4.4 CITY-ST-ZIP	Albuquerque, NM 87107	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WALSH, CLAIRE	5.2 NAME		
STREET ADDRESS	5560 ATLANTIC VIEW	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	VALDES, MARIA	6.2 NAME		
STREET ADDRESS	2200 W. ALAMEDA AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	DENVER CO	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Ruth Erickson Ruth Erickson 4-24-95 813 728-6652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017948