| NONPROFIT<br>CORPORATIO<br>ANNUAL REPO<br><b>1996</b>  |  |                       | LORIDA DEPAR<br>Sandra B   | ITMENT C<br>3. Morthar<br>ry of State   | n<br>e  |   |  |   |   |
|--|--|-----------------------|--|---|---|---|--|---|---|
| Corporation Name   |  |                       | (1)  |   |   |   |  |   |   |
| THE SAFE SCHO  | OLS COALITION,   |                       |  |   |   |   |  |   |   |
| incipal Place of Business  |  | Mailing A             |  |   |   |   |  |   |   |
| 5351 GULF DR.<br>HOLMES BEACH FL 34217   |  |                       | ulf dr.<br>Is beach fl 34  | 217   |   | 3. Date Incorporated or Qualified<br>09/19/1991   |  | e of Last Re<br>04/27/19  |   |
| Principal Place of Busines   | is in the second s | 2a. Mailin            | g Address  |   |   | 4. FEI Number   |  |   | plied For   |
|  |  | 26                    | Apt. #, etc.   |   | <u> </u>  | 65-0300014  |  | 88.75 /   | t Applicable  |
| Suite, Apt. #, etc.  |  | 27                    | . Арт. #, етс.   |   |   | 5. Certificate of Status Desired  |  | Fee Re  | quired  |
| City & State   |  | City 8                | k State  |   |   | <ol> <li>Election Campaign Financing<br/>Trust Fund Contribution</li> </ol>   |  | \$5.00<br>Added 1   | to Fees   |
| Zip  | Country  | Zip                   |  | 30 Col  | untry   | 8. This corporation has liability for in<br>Florida Statutes  | ntangible tax  | cunderis. 1<br>No   | 99.032,   |
|  | 25<br>and Address of Current   | 29<br>Registered      | Ágent  | 30  | 81 Name   | 10. Name and Address of New R   |  |   |   |
| 109 3RD ST. NOR1   |  |                       |  |   | 83  |   |  |   |   |
| BRADENTON BEAC   |  |                       |  |   | 84 City   | the extension this statement for the pur  | FL   |   | Code  |
| <ul> <li>Pursuant to the provision<br/>or registered agent, or<br/>familiar with, and acception</li> </ul>   | ns of Sections 617,0502 a<br>both, in the State of Florida<br>t the obligations of, Section<br>x pricted name of regulared agoit a   | nd title if applicabl | Florida Statutes   | ITE Rugistere   | ove-named corp<br>corporation's b   | poration submits this statement for the pur<br>oard of directors. I hereby accept the apport  | pose of cha<br>bintment as   | nging its reg<br>registered a   | gistered office<br>gent. I am   |
| I. Pursuant to the provision<br>or registered agent, or<br>familiar with, and accep<br>GNATURE<br>Signature, typed<br>2.   | ons of Sections 617.0502 a<br>both, in the State of Florida<br>t the obligations of, Sectic  | nd title if applicabl | Florida Statutes   | TE Rugistere  | ove-named corp<br>corporation's b   | ured when remotating)<br>ADDITIONS/CHANGES TO OFF<br>PE   | Dose of cha<br>Dintment as<br>DATE   | nging its reg<br>registered a   | gistered office<br>gent. I am   |
| I. Pursuant to the provision or registered agent, or familiar with, and accept GNATURE   | ns of Sections 617,0502 a<br>both, in the State of Florida<br>t the obligations of, Section<br>x pricted name of regulared agoit a   | nd title if applicabl | e (NO  | 12 Pugistere<br>13<br>1.1<br>1.2  | ove-named corr<br>corporation's b<br>ad Agent signature req   | ADDITIONS/CHANGES TO OFF<br>PE<br>Gwendolyn Cooke<br>1905 Association Dr.   | Dose of cha<br>Dintment as<br>DATE   | nging its reg<br>registered a   | gistered office<br>igent. I am  |
| I. Pursuant to the provision registered agent, or familiar with, and accept GNATURE GINATURE C.  | ons of Sections 617,0502 a<br>both, in the State of Florida<br>to the obligations of, Section<br>of regulared agent a<br>OFFICERS AND<br>ON, RUTH  | nd title if applicabl | e ino<br>6 Ino<br>6 Ino<br>7 Ino<br>7<br>Ino<br>7<br>Ino<br>7<br>Ino<br>7<br>Ino<br>7<br>Ino<br>7<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | ME Rugistere<br>13<br>1.1<br>1.2<br>1.3<br>1.4  | ad Agent signature reco   | ADDITIONS/CHANGES TO OFF<br>PE<br>Gwendolyn Cooke   | Dese of cha<br>Dintment as<br>DATE<br>ICERS AND  | nging its reg<br>registered a   | gistered office<br>igent. I am  |
| Pursuant to the provision or registered agent, or familiar with, and accept GNATURE     GNATURE     E     E     E     E     E     E     E     E     E     E     E     E     E     E     E     C     E     E     E     E     C     E     E     E     E     C     E     E     E     C     E     E     E     C     E     E     E     E     C     E     C     E  | ons of Sections 617.0502 a<br>both, in the State of Florida<br>t the obligations of, Section<br>of Florens AND<br>OFFICERS AND<br>ON, RUTH<br>DEPENDENCE   | nd title if applicabl | e (NO  | ME Rugistere<br>13<br>1.1<br>1.2<br>1.3<br>1.4<br>2.1<br>2.2  | d Agent signature red<br>corporation's b<br>title<br>NAME<br>STREET ADDRESS<br>CITY-ST-2IP  | ADDITIONS/CHANGES TO OFF<br>PE<br>Gwendolyn Cooke<br>1905 Association Dr.<br>Reston, VA 22091   | Dose of cha<br>Dintment as<br>DATE<br>ICERS AND  | nging its rec<br>registered a   | gistered office<br>gent. I am<br>IS IN 12   |
| A Pursuant to the provision<br>or registered agent, or<br>familiar with, and accept<br>GNATURE     Signature, typed to<br>Signature, typed to<br>Signato<br>Signature, typed to<br>Signature, typed to<br>Signature, typed to<br>Sig | ons of Sections 617,0502 a<br>both, in the State of Florida<br>it the obligations of, Section<br>of FliceRS AND<br>ON, RUTH<br>IDEPENDENCE<br>NTON FL<br>Y, ALAN   | nd title if applicabl | DELETE   | NTE         PROJECTER           13         1.1           12         1.3           1.4         2.1           23         2.4  | Agent signature reconcernation's D<br>ad Agent signature reconcernation's D<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ADDITIONS/CHANGES TO OFF<br>PE<br>Gwendolyn Cooke<br>1905 Association Dr.<br>Reston, VA 22091<br>D<br>Richard Arthur<br>3400 Richmond Parkwa<br>Richmond, CA 94806  | Dose of cha<br>Dintment as<br>DATE<br>ICERS AND<br>ICERS AND   | nging its rec<br>registered a   | gistered office<br>gent. I am<br>(S IN: 12<br>(C) Addition                                    |
| I. Pursuant to the provision or registered agent, or familiar with, and accept GNATURE   | ons of Sections 617.0502 a<br>both, in the State of Florida<br>it the obligations of, Section<br>of Flicers and<br>OFFlicers and<br>ON, RUTH<br>DEPENDENCE<br>NTON FL<br>Y, ALAN<br>REEN RIDGE AVE   | nd title if applicabl | e ino<br>6 Ino<br>6 Ino<br>7 Ino<br>7<br>Ino<br>7<br>Ino<br>7<br>Ino<br>7<br>Ino<br>7<br>Ino<br>7<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | NE         Pagistere           13         1.1           1.1         1.2           1.3         1.4           2.1         22           2.3         2.4           31         3.2   | Agent signature reconception's D<br>ad Agent signature reconception<br>TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS  | ADDITIONS/CHANGES TO OFF<br>PE<br>Gwendolyn Cooke<br>1905 Association Dr.<br>Reston, VA 22091<br>D<br>Richard Arthur<br>3400 Richmond Parkwa<br>Richmond, CA 94806<br>D<br>LAMar Haynes<br>1201 16th St. NW NEA   | pose of cha<br>bintment as<br>DATE<br>ICERS AND<br>[<br>LOERS AND<br>[<br>LOERS AND<br>[   | nging its rec<br>registered a<br>DIRECTOF<br>Change   | gistered office<br>gent. I am<br>IS IN 12   |
| 1. Pursuant to the provision or registered agent, or familiar with, and accept identified agent, or familiar with, and accept accept agent, or familiar with, and accept accept agent, or familiar with, and accep   | ons of Sections 617.0502 a<br>both, in the State of Florida<br>of the obligations of, Section<br>OFFICERS AND<br>ON, RUTH<br>DEPENDENCE<br>NTON FL<br>Y, ALAN<br>REEN RIDGE AVE<br>ARLISLE OH<br>TT, JUDITH<br>COLONIAL AVE  | nd title if applicabl | DELETE   | III           13           1.1           1.2           1.3           1.1           1.2           1.3           1.4           2.1           2.2           2.3           2.4           3.1           3.2           3.3           3.4  | Agent signature reconcernamed corporation's b<br>ad Agent signature reconcernation's b<br>tritle<br>NAME<br>STREET ADORESS<br>(CITY-ST-ZIP)<br>TITLE<br>NAME<br>STREET ADDRESS<br>(CITY-ST-ZIP)<br>TITLE<br>NAME<br>STREET ADDRESS<br>(CITY-ST-ZIP)   | ADDITIONS/CHANGES TO OFF<br>PE<br>Gwendolyn Cooke<br>1905 Association Dr.<br>Reston, VA 22091<br>D<br>Richard Arthur<br>3400 Richmond Parkwa<br>Richmond, CA 94806<br>D<br>LAMar Haynes   | pose of cha<br>bintment as<br>DATE<br>ICERS AND<br>[<br>LOERS AND<br>[<br>LOERS AND<br>[   | nging its rec<br>registered a<br>DIRECTOF<br>Change   | gistered office<br>gent. I am<br>IS IN 12<br>Addition   |
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|  | ons of Sections 617.0502 a<br>both, in the State of Florida<br>of the obligations of, Section<br>OFFICERS AND<br>ON, RUTH<br>DEPENDENCE<br>NTON FL<br>Y, ALAN<br>REEN RIDGE AVE<br>ARLISLE OH<br>IT, JUDITH<br>COLONIAL AVE<br>DO FL<br>GOS, ARNOLD  | nd title if applicabl | DELETE   | 13           1.1           1.2           1.3           1.1           1.21           1.3           1.41           2.1           2.2           2.3           2.4           3.1           3.2           3.3           3.4           4.1           4.2           4.3           4.4  | Agent signature reconcorporation's b<br>ad Agent signature reconcorporation's b<br>the signature reconcorporation's b<br>the signature reconcorporation's b<br>street ADDRESS<br>(CITY - ST - ZIP)<br>TITLE<br>NAME<br>STREET ADDRESS<br>(CITY - ST - ZIP)<br>TITLE<br>NAME<br>STREET ADDRESS<br>(CITY - ST - ZIP)<br>TITLE<br>STREET ADDRESS<br>(CITY - ST - ZIP)  | ADDITIONS/CHANGES TO OFF<br>PE<br>Gwendolyn Cooke<br>1905 Association Dr.<br>Reston, VA 22091<br>D<br>Richard Arthur<br>3400 Richmond Parkwa<br>Richmond, CA 94806<br>D<br>LAMar Haynes<br>1201 16th St. NW NEA<br>Washington, DC 20036<br>D<br>Michelle Hailey                         | pose of cha<br>bintment as<br>DATE<br>ICERS AND<br>[<br>UCERS AND [<br>UCERS AND [<br>U | nging its rec<br>registered a<br>DIRECTOF<br>Change<br>Change   | gistered office<br>gent. I am<br>IS IN 12<br>Addition   |
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| 1. Pursuant to the provision registered agent, or familiar with, and acception familiar with acception familined with acception familiar with acception   | Ins of Sections 617,0602 a<br>poth, in the State of Florida<br>of the obligations of, Sector<br>OFFICERS AND<br>ON, RUTH<br>DEPENDENCE<br>VTON FL<br>Y, ALAN<br>REEN RIDGE AVE<br>ARLISLE OH<br>IT, JUDITH<br>COLONIAL AVE<br>DO FL<br>GOS, ARNOLD<br>W TIERRA DEL RIO<br>UERQUE NM<br>I, CLAIRE<br>TLANTIC VIEW<br>IGUSTINE FL<br>S, MARIA<br>Y. ALAMEDA AVE<br>ID CO   | DIRECTORS             | DELETE   | III           11           11           12           13           1.1           121           13:           1.4           21:           22           23           24           31           32           33           34           41           42           51           52           53           54           61           62           63 | Agent signature reconcernamed correcorporation's d  | ADDITIONS/CHANGES TO OFF<br>PE<br>Gwendolyn Cooke<br>1905 Association Dr.<br>Reston, VA 22091<br>D<br>Richard Arthur<br>3400 Richmond Parkwa<br>Richmond, CA 94806<br>D<br>LAMar Haynes<br>1201 16th St. NW NEA<br>Washington, DC 20036<br>D<br>Michelle Hailey<br>1230 W. Peachtree St | pose of cha<br>bintment as<br>DATE<br>ICERS AND<br>[<br>y #360   | Ging its recregistered a     DIRECTOF     Change     Change     Change     Change     Change     Change     Change     Change | istered office<br>igent. I am<br>IS IN 12<br>(S) Addition<br>Addition<br>Addition<br>Addition |