

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N45283 (1)

1. Corporation Name

THE SAFE SCHOOLS COALITION, INC.



Principal Place of Business

Mailing Address

5351 GULF DR.  
HOLMES BEACH FL 34217

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HOLMES BEACH FL 34217

3. Date Incorporated or Qualified  
09/19/1991

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC  
NAME ERICKSON, RUTH  
STREET ADDRESS 4748 INDEPENDENCE  
CITY-ST-ZIP BRADENTON FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PE  
Gwendolyn Cooke  
1905 Association Dr.  
Reston, VA 22091

☐ Change ☒ Addition

TITLE P  
NAME MCEVOY, ALAN  
STREET ADDRESS 6436 GREEN RIDGE AVE  
CITY-ST-ZIP NEW CARLISLE OH

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D  
Richard Arthur  
3400 Richmond Parkway #3601  
Richmond, CA 94806

☐ Change ☒ Addition

TITLE D  
NAME BARRETT, JUDITH  
STREET ADDRESS 1510 E COLONIAL AVE  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D  
Lamar Haynes  
1201 16th St. NW NEA  
Washington, DC 20036

☐ Change ☒ Addition

TITLE D  
NAME GALLEGOS, ARNOLD  
STREET ADDRESS 1871 NW TIERRA DEL RIO  
CITY-ST-ZIP ALBUQUERQUE NM

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

D  
Michelle Hailey  
1230 W. Peachtree St. NW  
Atlanta, GA 30309

☐ Change ☒ Addition

TITLE D  
NAME WALSH, CLAIRE  
STREET ADDRESS 5560 ATLANTIC VIEW  
CITY-ST-ZIP ST. AUGUSTINE FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME VALDES, MARIA  
STREET ADDRESS 2200 W. ALAMEDA AVE  
CITY-ST-ZIP DENVER CO

☒ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)