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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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**	**5351 GULF DR.** **HOLMES BEACH FL 34217-1754**

3. Date Incorporated or Qualified: **09/19/1991**
3a. Date of Last Report: **04/26/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

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	☐ DELETE	1.1 TITLE	Director, President Elect	☐ Change ☒ Addition
NAME	ERICKSON, RUTH		1.2 NAME	LaMar Hayes	
STREET ADDRESS	4748 INDEPENDENCE		1.3 STREET ADDRESS	Center for Revitalization of Urban Ed	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	NEA 1201 16th St NW Washington DC 20036	
TITLE	P	☐ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	MCEVOY, ALAN		2.2 NAME	Michelle Harley	
STREET ADDRESS	6436 GREEN RIDGE AVE		2.3 STREET ADDRESS	Boys & Girls Clubs 1230 W Peachtree St NW	
CITY-ST-ZIP	NEW CARLISLE OH		2.4 CITY-ST-ZIP	Atlanta GA 30309	
TITLE	D	☒ DELETE	3.1 TITLE	Richard Arthur Director	☐ Change ☐ Addition
NAME	BARRETT, JUDITH		3.2 NAME		
STREET ADDRESS	1510 E COLONIAL AVE		3.3 STREET ADDRESS	3200 E South St #113	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Long Beach CA 90806	
TITLE	D	☐ DELETE	4.1 TITLE	President	☒ Change ☐ Addition
NAME	GALLEGOS, ARNOLD		4.2 NAME	Gwendolyn Cooke	
STREET ADDRESS	1671 NW TIERRA DEL RIO		4.3 STREET ADDRESS	1905 Association Dr.	
CITY-ST-ZIP	ALBUQUERQUE NM		4.4 CITY-ST-ZIP	Reston VA	
TITLE	D	☒ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	WALSH, CLAIRE		5.2 NAME	Alan McEvoy	
STREET ADDRESS	5560 ATLANTIC VIEW		5.3 STREET ADDRESS	6436 Green Ridge Ave	
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY-ST-ZIP	New Carlisle OH	
TITLE	PE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GWENDOLYN COOKE		6.2 NAME		
STREET ADDRESS	1905 ASSOCIATION DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	RESTON VA		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: _____ 4-7-97 941-778-6653