


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45283** (1)
1. Corporation Name
THE SAFE SCHOOLS COALITION, INC.

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



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

3. Date Incorporated or Qualified 09/19/1991	
4. FEI Number 65-0300014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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]* DATE **3/19/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, RUTH	1.2 NAME	
STREET ADDRESS	4748 INDEPENDENCE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President Elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCEVOY, ALAN	2.2 NAME	La Mar Haynes
STREET ADDRESS	6436 GREEN RIDGE AVE	2.3 STREET ADDRESS	1201 16th St NW
CITY-ST-ZIP	NEW CARLISLE OH <i>only a director now</i>	2.4 CITY-ST-ZIP	Washington DC 20036
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR, RICHARD	3.2 NAME	John Mitchell AFT
STREET ADDRESS	3200 E SOUTH #113	3.3 STREET ADDRESS	555 New Jersey Ave NW
CITY-ST-ZIP	LONG BEACH CA	3.4 CITY-ST-ZIP	Washington DC 20001
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Michelle Hailey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLEGOS, ARNOLD	4.2 NAME	Bryn Girls Club
STREET ADDRESS	1671 NW TIERRA DEL RIO	4.3 STREET ADDRESS	1230 Peachtree St NW
CITY-ST-ZIP	ALBUQUERQUE NM	4.4 CITY-ST-ZIP	Atlanta GA 30309
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MCEVOY, ALAN	5.2 NAME	
STREET ADDRESS	6436 GREEN RIDGE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CARLISLE OH	5.4 CITY-ST-ZIP	
TITLE	PE <input type="checkbox"/> DELETE	6.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GWENDOLYN COOKE	6.2 NAME	Gwendolyn S Cooke
STREET ADDRESS	1805 ASSOCIATION DR	6.3 STREET ADDRESS	Reston VA
CITY-ST-ZIP	RESTON VA	6.4 CITY-ST-ZIP	

14. 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 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]* DATE **3/19-98** **941-778-6652**

CR2E037 (10/97)