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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N45283

1. Corporation Name

THE SAFE SCHOOLS COALITION, INC.

Principal Place of Business

5351 GULF DR.  
HOLMES BEACH FL 34217

Mailing Address

5351 GULF DR.  
HOLMES BEACH FL 34217



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/19/1991

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

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

*Ruth Erickson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/99

12. OFFICERS AND DIRECTORS

TITLE PE ☐ DELETE  
NAME LA MAR HAYNES  
STREET ADDRESS 1201 16TH ST NW  
CITY-ST-ZIP WASHINGTON DC 20036

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

TITLE D ☐ DELETE  
NAME ARTHUR, RICHARD  
STREET ADDRESS 3200 E SOUTH #113  
CITY-ST-ZIP LONG BEACH CA

TITLE D ☐ DELETE  
NAME GALLEGOS, ARNOLD  
STREET ADDRESS 1671 NW TIERRA DEL RIO  
CITY-ST-ZIP ALBUQUERQUE NM

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

TITLE P ☐ DELETE  
NAME GWENDOLYN COOKE  
STREET ADDRESS 1905 ASSOCIATION DR  
CITY-ST-ZIP RESTON VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Lamar Haynes  
1.3 STREET ADDRESS 1201 16th St NW  
1.4 CITY-ST-ZIP Washington DC 20036

2.1 TITLE PE ☐ Change ☐ Addition  
2.2 NAME Alan McEvoy  
2.3 STREET ADDRESS 6436 Green Ridge Ave  
2.4 CITY-ST-ZIP New Carlisle OH

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME John Mitchell  
3.3 STREET ADDRESS 555 New Jersey Ave NW  
3.4 CITY-ST-ZIP Washington DC 20001

4.1 TITLE ~~Noted~~ D ☐ Change ☒ Addition  
4.2 NAME Michelle Hailey  
4.3 STREET ADDRESS 1230 W Peachtree St NW  
4.4 CITY-ST-ZIP Atlanta GA 30309

5.1 TITLE ~~Noted~~ ☐ Change ☒ Addition  
5.2 NAME Ruth Erickson  
5.3 STREET ADDRESS 4748 Independence Dr  
5.4 CITY-ST-ZIP Bradenton FL 34210

6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME Gwendolyn Cooke  
6.3 STREET ADDRESS 1905 Association Dr  
6.4 CITY-ST-ZIP Reston VA 22091

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, with all other like empowered.

SIGNATURE:

*Ruth Erickson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99

Date

941-778-6652

Daytime Phone #

CR2E037 (1/98)