


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90042 017 \*\*\*\*61.25

<b>DOCUMENT # N45283</b> 1. Entity Name <b>THE SAFE SCHOOLS COALITION, INC.</b>					
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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number <b>65-0300014</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ERIKSON, RUTH</b> <b>5351 GULF DR</b> <b>HOLMES BEACH, FL 34217</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LA MAR HAYNES 5980 EWING PL. ALEXANDRIA, VA 22310		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Treasurer Ruth Erickson 5700 34th St. W #15C Princeton FL 34210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCEVOY, ALAN 1395 WILLIAM OR MARY CV YELLOW SPRINGS, OH 45387		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Margaret Evans 1415 Duke St. Alexandria VA 22314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VONK, JOHN 1351 56TH AVE GREELEY, CO 80634		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Verdugo 1201 16th St NW Washington DC 20036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLEGOS, ARNOLD 1671 NW TIERRA DEL RIO ALBUQUERQUE, NM		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCEVOY, ALAN 1395 WILLIAM OR MARY CV YELLOW SPRINGS, OH 45387		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWENDOLYN COOKE P.O. BOX 5381 CINCINNATI, OH 45201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Ruth Erickson</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>3/24/04</u> Daytime Phone #: <u>941 738-0820</u>					

44061704



03242004 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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D LA MAR HAYNES 5980 EWING PL. ALEXANDRIA, VA 22310

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D GWENDOLYN COOKE P.O. BOX 5381 CINCINNATI, OH 45201

12. 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 report or supplemental 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 10 or Block 11 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

Date: 3/24/04 Daytime Phone #: 941 738-0820