

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90332 012 \*\*\*\*61.25

**DOCUMENT # N45283**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0300014**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERIKSON, RUTH  
5351 GULF DR  
HOLMES BEACH FL 34217**

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

**FILE NOW: FEE IS \$61.25**

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

TITLE **D** ☐ Delete  
NAME **LA MAR HAYNES**  
STREET ADDRESS **5980 ZIDING PL Ewing PI**  
CITY-ST-ZIP **ALEXANDRIA VA 22310**

TITLE **Dr** ☐ Change ☒ Addition  
NAME **Frank Sanchez**  
STREET ADDRESS **Boys & Girls Club**  
CITY-ST-ZIP **1230 Peachtree Atlanta GA**

TITLE **P** ☐ Delete  
NAME **MCEVOY, ALAN**  
STREET ADDRESS **1395 WILLIAM OR MARY CV**  
CITY-ST-ZIP **YELLOW SPRINGS OH 45387**

TITLE **D** ☐ Change ☒ Addition  
NAME **Richard Verdugo**  
STREET ADDRESS **NEA**  
CITY-ST-ZIP **1201 16th St NW Washington DC 20036**

TITLE **VP** ☐ Delete  
NAME **VONK, JOHN**  
STREET ADDRESS **1351 56TH AVE**  
CITY-ST-ZIP **GREELEY CO 80634**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MCEVOY, ALAN**  
STREET ADDRESS **1395 WILLIAM OR MARY CV**  
CITY-ST-ZIP **YELLOW SPRINGS OH 45387**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GWENDOLYN COOKE**  
STREET ADDRESS **P.O. BOX 5381**  
CITY-ST-ZIP **CINCINNATI OH 45201**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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** 2/13/03 941 778-6652

CR2E037 (10/02)