

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002541

FILED
Aug 14, 2008
Secretary of State

Entity Name: THE SAFE PLACE, INC.

Current Principal Place of Business:

2302 48TH AVE W
BRADENTON, FL 34207 US

New Principal Place of Business:

8208 CORTEZ ROAD WEST
SUITE #4
BRADENTON, FL 34210 US

Current Mailing Address:

8208 CORTEZ ROAD
SUITE # 4
BRADENTON, FL 34210

New Mailing Address:

8208 CORTEZ ROAD WEST
SUITE #4
BRADENTON, FL 34210 US

FEI Number: 65-0491449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARR, SCOTT
102 1ST ST N
BRADENTON, FL 34217 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BARR, SCOTT
Address: 102 1ST ST N
City-St-Zip: BRADENTON, FL 34217

Title: C () Delete
Name: BARR, TAMMY
Address: 102 1ST STREET
City-St-Zip: BRADENTON BEACH, FL 34217

Title: T () Delete
Name: WERTHERINGTON, BILLY
Address: 2250 GULF GATE DR, SUITE C
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WERTHERINGTON, BILLY
Address: 8208 CORTEZ ROAD WEST #4
City-St-Zip: BRADENTON, FL 34210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT BARR

SD

08/14/2008

Electronic Signature of Signing Officer or Director

Date