

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004166 (5)**

1. Corporation Name

SAFE CHILDREN - STRONG FAMILIES, INC.

95 MAR -8 PH 3: 44

Principal Place of Business

Mailing Address

2740 BAYSHORE DR
STE - 18
NAPLES FL 33962
US

2740 BAYSHORE DR
STE - 18
NAPLES FL 33962
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

05/19/1994

4. FEI Number

65-0436975

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental Tax Exempt Status Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEIGH, CHARLES
1020 PINE ISLE LANE
NAPLES FL 33962

81 Name *Charles Leigh*

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

83 *4608 Acadia Lane*

84 City *Naples*

FL

85

Zip Code *33962*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Charles Leigh

Charles Leigh

3/1/95

Signature, typed or printed name of registered agent and USA if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	BRATTON, TRICIA
STREET ADDRESS	1020 PINE ISLE LN
CITY-ST-ZIP	NAPLES FL
TITLE	VD
NAME	LEIGH, CHARLES
STREET ADDRESS	1020 PINE ISLE LN
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	COMBS, PAUL H
STREET ADDRESS	13504 GALEND
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	EIDEN, CHRISTOPH
STREET ADDRESS	200 E 6TH ST
CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tricia Bratton	
1.3 STREET ADDRESS	4608 Acadia Ln.	
1.4 CITY-ST-ZIP	Naples, FL 33962	
2.1 TITLE	VD/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Charles Leigh	
2.3 STREET ADDRESS	4608 Acadia Ln	
2.4 CITY-ST-ZIP	Naples, FL 33962	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	D	
5.1 TITLE	Antonio Perez D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	2335 Tamiami Trail N	
5.3 STREET ADDRESS	Naples, FL 33940	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Charles Leigh

Charles Leigh

3/1/95

(813) 732-7711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone #