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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005360 (0) 1. Corporation Name TALLAHASSEE SAFETY TOWN FOUNDATION, INC.			
Principal Place of Business 300 SOUTH ADAMS STREET TALLAHASSEE FL 32301		Mailing Address 300 SOUTH ADAMS STREET TALLAHASSEE FL 32301-1731	
2. Principal Place of Business 21 3224 Capital Circle S.W. Suite, Apt. #, etc. 22 City & State 23 Tallahassee, FL Zip 24 32310		2a. Mailing Address 26 300 South Adams Street Suite, Apt. #, etc. 27 City & State 28 Tallahassee, FL Zip 29 32301	
9. Name and Address of Current Registered Agent HAWKINS, GLENDA 300 SOUTH ADAMS STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President/D NAME Ralph DeMeo STREET ADDRESS 123 S. Calhoun Street CITY-ST-ZIP Tallahassee, FL 32301 <input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE Vice-President/D NAME Adam Levinson STREET ADDRESS 3000 Olson Road CITY-ST-ZIP Tallahassee, FL 32308 <input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE Secretary/D NAME Becky Liner STREET ADDRESS 404 E. 6th Avenue CITY-ST-ZIP Tallahassee, FL 32303 <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE Treasurer/D NAME Russ Marsh STREET ADDRESS 2003 Apalachee Parkway CITY-ST-ZIP Tallahassee, FL 32301 <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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.			
SIGNATURE: Ralph DeMeo		Date 4/28/97 (904) 222-7500	

CR2E037 (9/96)