

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 29, 1999 8:00 am**  
**Secretary of State**

05-29-1999 90014 027 \*\*\*122.50

**DOCUMENT # N97000005772**

1. Corporation Name

**SAFETY AND ACCOUNTABILITY FOR EVERYONE-TOGETHER, INC.**

Principal Place of Business

2544 BLAIRSTONE PINES DRIVE  
TALLAHASSEE FL 32301

Mailing Address

P.O. BOX 10087  
TALLAHASSEE FL 32302-2087



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

10/13/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3475732

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEYER, RONALD G ESQ.**  
**2544 BLAIRSTONE PINES DRIVE**  
**TALLAHASSEE FL 32301**

81. Name

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

83.

84. City

**FL**

85. Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCD** ☐ DELETE  
NAME **CAPLOWE, SUSIE**  
STREET ADDRESS **P.O. BOX 1201 N/A**  
CITY-ST-ZIP **TALLAHASSEE FL 32302-2101**

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
1.2 NAME **ELSIE ALLEN**  
1.3 STREET ADDRESS **1910 NW 53 AVE**  
1.4 CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **WCD** ☐ DELETE  
NAME **HENDRICKSON, DAN**  
STREET ADDRESS **P.O. BOX 1201 N/A**  
CITY-ST-ZIP **TALLAHASSEE FL 32302-1201**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
2.2 NAME **TOM WHALEN**  
2.3 STREET ADDRESS **200 ANCHORS LAKE DR. N.**  
2.4 CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **TD** ☐ DELETE  
NAME **AVERA, MARK**  
STREET ADDRESS **305 SE SECOND AVE**  
CITY-ST-ZIP **GAINESVILLE FL 32602**

3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
3.2 NAME **KATHERINE KELLY**  
3.3 STREET ADDRESS **160 ROYAL PALM WAY**  
3.4 CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
4.2 NAME **JOHN HOWEY**  
4.3 STREET ADDRESS **5060 LINCOLN CIR.**  
4.4 CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
5.2 NAME **CLIFF CARLSTEDT**  
5.3 STREET ADDRESS **770 S. PALM AVE #1808**  
5.4 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **DIRECTOR** ☒ ADDITION  
NAME **STEPHANIE VON GLINSKEY**  
STREET ADDRESS **18 CAMELIA DR.**  
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

6.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
6.2 NAME **MELODY JOHNSON**  
6.3 STREET ADDRESS **2288 GRASSROOTS WAY**  
6.4 CITY-ST-ZIP **TALLAHASSEE, FL 32311**

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**5-19-99 3856160**

Date

Daytime Phone #

CR2E037 (1/1/98)