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FILED
Feb 25, 1999 8:00 am
Secretary of State
02-25-1999 90035 007 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000000198

1. Corporation Name
FLORIDIANS FOR SAFER SCHOOLS, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 280097 TAMPA FL 33682	POST OFFICE BOX 280097 TAMPA FL 33682

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 01/09/1998

4. FEI Number: ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PETERSON, TARI L
~~2109 MAGDALENE MANOR~~
~~TAMPA FL 33602-0000~~

10. Name and Address of New Registered Agent

81 Name: TARI L. PETERSON
82 Street Address (P.O. Box Number is Not Acceptable): 328 WEST BEARSS AVE
83
84 City: TAMPA FL 85 Zip Code: 33613

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / DIRECTOR BARRY PETERSON 328 WEST BEARSS AVE TAMPA, FL 33613	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR TARI L. PETERSON 328 W. BEARSS AVE TAMPA, FL 33613	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARY PETERSON 328 WEST BEARSS AVE TAMPA, FL 33613	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: /s/ SIGNATURE REQUIRED BARRY PETERSON, President 1/16/99 813 962-7244
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #