

## **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000087051

**FILED**  
**Jul 27, 2005**  
**Secretary of State**

**Entity Name:** SCHOOL SAFETY ADVOCACY COUNCIL, INC.

**Current Principal Place of Business:**

4114 CENTRAL SARASOTA PARKWAY  
SUITE 1125  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

4114 CENTRAL SARASOTA PARKWAY  
SARASOTA, FL 34238

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAVARELLO, CURTIS S  
4114 CENTRAL SARASOTA PARKWAY  
SARASOTA, FL 34238 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: D ( ) Delete  
Name: LAVARELLO, CURTIS S  
Address: 1019 OAK MEADOW LANE  
City-St-Zip: OSPREY, FL 34229

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LAVARELLO, CURTIS S  
Address: 4114 CENTRAL SARASOTA PKWY #1125  
City-St-Zip: SARASOTA, FL 34238

Title: P ( ) Change (X) Addition  
Name: BURKE, SEAN  
Address: PO BOX 1613  
City-St-Zip: LAWRENCE, MA 01841

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN BURKE

P

07/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date