

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000002300

Entity Name: MAKE SCHOOLS SAFE, INC.**Current Principal Place of Business:**8675 WATERCREST CIRCLE WEST
PARKLAND, FL 33076**Current Mailing Address:**8675 WATERCREST CIRCLE WEST
PARKLAND, FL 33076 US**FEI Number:** 82-4648559**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	D, P, CEO
Name	ALHADEFF, LORI
Address	8675 WATERCREST CIRCLE WEST
City-State-Zip:	PARKLAND FL 33076

Title	D, VP, COO
Name	ALHADEFF, ILAN DR
Address	8675 WATERCREST CIRCLE WEST
City-State-Zip:	PARKLAND FL 33076

Title	D, T, CFO
Name	GOFFSTEIN, CARLA
Address	8675 WATERCREST CIRCLE WEST
City-State-Zip:	PARKLAND FL 33076

Title	D
Name	TERRANY, MATTEEN
Address	8675 WATERCREST CIRCLE WEST
City-State-Zip:	PARKLAND FL 33076

Title	D
Name	LIPPMAN, JODI
Address	8675 WATERCREST CIRCLE WEST
City-State-Zip:	PARKLAND FL 33076

Title	BOARD MEMBER
Name	JOHNSON, MIKE
Address	8675 WATERCREST CIRCLE WEST
City-State-Zip:	PARKLAND FL 33076

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORI ALHADEFF**PRESIDENT****03/17/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date