


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 JAN 26 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P14170 1. Entity Name SAFER FOUNDATION, INC.	
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Principal Place of Business ATTN: STEPHEN GORNY 571 WEST JACKSON BLVD. CHICAGO, IL 60661	Mailing Address ATTN: STEPHEN GORNY 225 W WASHINGTON STE 1701 CHICAGO, IL 60606
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-2762168	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

700086457757
10/29/07--01053--005 **61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KANTER, ALAN
STREET ADDRESS	571 W. JACKSON
CITY-ST-ZIP	CHICAGO, IL 60661
TITLE	CEO
NAME	WILLIAMS, B D
STREET ADDRESS	571 W. JACKSON
CITY-ST-ZIP	CHICAGO, IL 60661
TITLE	VP
NAME	GORNY, STEPHEN
STREET ADDRESS	571 W. JACKSON
CITY-ST-ZIP	CHICAGO, IL 60661
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

K. Eckel JAN 26 2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07
Date

312-726-7531
Daytime Phone #