

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008034

**Entity Name:** CHILDREN'S HEALTH AND SAFETY NETWORK, INC.

**Current Principal Place of Business:**

13245 ATLANTIC BLVD.  
SUITE #354  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

13245 ATLANTIC BLVD.  
SUITE #354  
JACKSONVILLE, FL 32225

**FEI Number:** 27-3168296

**Certificate of Status Desired:** No

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

FREZZA, LOUIS J  
1413 HARRINGTON PARK DRIVE  
JACKSONVILLE, FL 32225 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 PD  
Name SIEBOLD, RICHARD K  
Address 2001 HODGES BLVD  
#1502  
City-State-Zip: JACKSONVILLE FL 32224

Title SEC.  
Name CONDON, NICHOLAS  
Address 1953 SPOONBILL ST.  
City-State-Zip: JACKSONVILLE FL 32224

Title BM  
Name MORAITES, PETER O  
Address 4165 ROYAL OAK DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410-6384

*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:** RICHARD K SIEBOLD

**DIRECTOR**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date