

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002807

**Entity Name:** AMERICAN SAFETY INSTITUTE, INC.

**Current Principal Place of Business:**

9009 MAHAN DRIVE, STE. 501  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

9009 MAHAN DRIVE, STE. 501  
TALLAHASSEE, FL 32309 US

**FEI Number:** 59-3316598

**Certificate of Status Desired:** No

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

CASSIDY, BART  
9009 MAHAN DR, STE. 501  
TALLAHASSEE, FL 32309 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 CASSIDY, BART  
Address 9009 MAHAN DRIVE, STE. 501  
City-State-Zip: TALLAHASSEE FL 32309

Title VD  
Name CASSIDY, CATHERINE  
Address 9009 MAHAN DRIVE STE 501  
City-State-Zip: TALLAHASSEE FL 32309

*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:** CATHERINE CASSIDY

VD

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date