FILE NOW: FIL NG FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90099 016 ****70.00

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DOCUMENT # 813977

1. Corporation Name
NATIONAL CHILD SAFETY COUNCIL

Principal Place of Business	Mailing Address
4065 PAGE AVE. JACKSON MI 49204	P. O. BOX 1368 JACKSON MI 49204

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 10/22/1959

4. FEI Number: 38-6035290 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILKINSON KC		1.2 NAME		
STREET ADDRESS	4065 PAGE AVE P O BOX 1368 NA		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MI		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ELLIOTT, ALVIN E		2.2 NAME		
STREET ADDRESS	502 HARWOOD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MI		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, JERRY L		3.2 NAME		
STREET ADDRESS	1501 BADGLEY RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MI		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SCHEID, STEPHEN L		4.2 NAME		
STREET ADDRESS	6566 PAW PAW AVE.		4.3 STREET ADDRESS	2712 Veronica Dr.	
CITY-ST-ZIP	COLMA MI		4.4 CITY-ST-ZIP	Louisville, KY 20222	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	HOLMAN, EARL W		5.2 NAME	Joseph S. Eisele	
STREET ADDRESS	3418 CAROLINA DR.		5.3 STREET ADDRESS	40 Lane 110A Big Otter Lake	
CITY-ST-ZIP	JACKSON MI		5.4 CITY-ST-ZIP	Freemont, IN 46736	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ZIETLOW, MARK H		6.2 NAME		
STREET ADDRESS	321 SETTLERS RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLAND MI		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: SIGNATURE REQUIRED Vice President 4/5/99 517-764-6070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jerry L. Taylor