# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2005 8:00 am**
**Secretary of State**
05-02-2005 90508 027 ****70.00

DOCUMENT # 813977

1. Entity Name
NATIONAL CHILD SAFETY COUNCIL

20054274

| Principal Place of Business | Mailing Address |
|---|---|
| 4065 PAGE AVE.<br>JACKSON, MI 49204 | P. O. BOX 1368<br>JACKSON, MI 49204 |

04192005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

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

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ELLIOTT, ALVIN E<br>310 N. 7TH STREET<br>HIAWATHA, KS 66434 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>TAYLOR, JERRY L<br>1501 BADGLEY RD.<br>JACKSON, MI 49203 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>SCHEID, STEPHEN L<br>2541 OLD LAKE SHORE RD.<br>ST. JOSEPH, MI 49085 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>KINDER, DICK R.<br>8080 POMEROY RD<br>PARMA, MI 49269 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASST<br>SMITH, ROSEMARY<br>7321 LAGRANGE RD., STE. 211<br>INDIANAPOLIS, IN 46278 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASTS | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASST<br>REICHARD, JILL<br>4065 PAGE AVE<br>JACKSON, MI 492041368 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASTS<br>RICHMOND, JUNE B<br>8104 GLENWILLOW LANE, #102<br>INDIANAPOLIS, IN 46278 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. 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 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:** BY: Jill Reichard 4/21/05 (517) 764-6070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jill Reichard, Assistant Secretary