

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004417

FILED
Apr 15, 2009
Secretary of State

Entity Name: SAFETY AND HEALTH LEARNING CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1345 FAU RESEARCH PARK BLVD
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

1345 FAU RESEARCH PARK BLVD
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 20-2510646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIE, JAMES CHAIR
1345 FAU RESEARCH PARK BLVD.
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATHIE, JIM CHAIR
Address: 1345 FAU RESEARCH PARK BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: D () Delete
Name: KASSAB, ROB DIR
Address: 1345 FAU RESEARCH PARK BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: TD () Delete
Name: RICHSONE, DAVID TREAS
Address: 1345 FAU RESEARCH PARK BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: D () Delete
Name: BUNNEL, GEOFF DIR
Address: 1345 FAU RESEARCH PARK BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: D () Delete
Name: RAND, DEBORAH DIR
Address: 1345 FAU RESEARCH PARK BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: D () Delete
Name: KUNTZ, SCOTT DIR
Address: 1345 FAU RESEARCH PARK BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES MATHIE

CHAI

04/15/2009

Electronic Signature of Signing Officer or Director

Date