

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 08, 2010
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
Name: MATHIE, JIM CHAIR
Address: 1345 FAU RESEARCH PARK BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441 US

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

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

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

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

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: JAMES MATHIE

CHAI

04/08/2010

Electronic Signature of Signing Officer or Director

Date