

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006177

FILED
Jan 22, 2009
Secretary of State

Entity Name: THE SOURCE OF SAFETY, INC.

Current Principal Place of Business:

3860 OAKHILL DRIVE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1088
TITUSVILLE, FL 32781

New Mailing Address:

FEI Number: 05-0579226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, MICHELLE
3860 OAKHILL DRIVE
TITUSVILLE, FL 32780 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: D () Delete
Name: FISCHER, MICHELLE
Address: 3860 OAKHILL DRIVE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: D () Delete
Name: BELLE, REGINALD
Address: 5 INDIAN RIVER AVENUE #904
City-St-Zip: TITUSVILLE, FL 32796 US

Title: D () Delete
Name: O'HERN, KAREN
Address: 635 PARK AVENUE
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: D () Delete
Name: BURDINE, THERESA
Address: 410 INDIAN RIVER AVENUE, SUITE A
City-St-Zip: TITUSVILLE, FL 32796 US

Title: D () Delete
Name: DUESTER, LORI
Address: 5650 S. WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: D () Delete
Name: CHARPENTIER, STEVE
Address: 2285 WEST EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935 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: MICHELLE FISCHER

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date