

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010910

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** ALLIANCE FOR CENTRAL FLORIDA SAFETY CORP.

**Current Principal Place of Business:**

427 N. PRIMROSE DRIVE  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 141214  
ORLANDO, FL 32814

**New Mailing Address:**

P.O. BOX 141214  
ORLANDO, FL 328141214 US

**FEI Number:** 54-2134896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HORNER, LINDA  
9534 HOLBROOK DRIVE  
ORLANDO, FL 32817 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: CD ( ) Delete  
Name: ESTEP, ROBERT  
Address: 427 N. PRIMROSE DR.  
City-St-Zip: ORLANDO, FL 32803

Title: TD ( ) Delete  
Name: HORNER, LINDA  
Address: 9534 HOLBROOK DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: SD ( ) Delete  
Name: GALAS, SCOTT  
Address: 2810 NANCY STREET  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: HENRIQUE, LOSADA J  
Address: 2510 DOUBLE TREE PL.  
City-St-Zip: OVIEDO, FL 327667073 US

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: HENRIQUE J. LOSADA

TD

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date