2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009791

FILED Apr 30, 2009 Secretary of State

Entity Nan	ne: NATIONAL	_ TRAFFIC SAFETY ACADE!	MY, INC.				
Current Principal Place of Business:			New Principal Place of Business:				
2391 LANC TALAHASS	ELOT DR BEE, FL 32309						
Current Mailing Address:			New Mailing Address:				
2391 LANC TALAHASS	ELOT DR SEE, FL 32309						
FEI Number:	20-5333479	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status De	sired()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of N	lew Registered Ager	nt:	
	CELOT DR SEE, FL 32309	US ubmits this statement for the p	ournose of changing i	te registered o	ffice or registered age	ant or both	
in the State	of Florida.	tion the particular cities the particular cities particular partic	ourpose or changing r	is registered o	ilice or registered age	ent, or both,	
SIGNATUR							
	Electronic	c Signature of Registered Age	ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ED ()[BURRIS, ANN 2391 LANCELOT TALLAHASSEE,		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	PD ()[GARDINER, ROE 8718 FALKSTON ALEXANDRIA LA	IE LANE	Title: Name: Address: City-St-Zip:	PD (X) GARDINER, RC 8718 FALKSTO ALEXANDRIA, V	NE LANE		
Title: Name: Address: City-St-Zip:	STD () I LYBARGER, JEN 8111 COOPER S ALEXANDRIA, V	STREET	Title: Name: Address: City-St-Zip:	VPD (X) LYBARGER, JE 8111 COOPER ALEXANDRIA, V	STREET		
Title: Name: Address: City-St-Zip:	D ()[HINKLE, JON 2747 BLAIR STO TALLAHASSEE,		Title: Name: Address: City-St-Zip:	STD (X) HINKLE, JON 2747 BLAIR ST TALLAHASSEE,			

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: ANN BURRIS ED 04/30/2009