

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006472

FILED  
Apr 15, 2012  
Secretary of State

**Entity Name:** CHILD SAFETY INSTITUTE, INC.

**Current Principal Place of Business:**

5230 DENVER STREET NE  
SAINT PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

5230 DENVER STREET NE  
SAINT PETERSBURG, FL 33703

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

COLLIER, TERRY L  
5230 DENVER STREET NE  
SAINT PETERSBURG, FL 33703 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: P  
Name: COLLIER, TERRY L  
Address: 5230 DENVER STREET NE  
City-St-Zip: SAINT PETERSBURG, FL 33703 US

Title: VP  
Name: KENYON, KEVIN J  
Address: 790 76TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: TREA  
Name: KENYON, SHERI A  
Address: 790 76TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: SEC  
Name: COLLIER-MORRIS, JUNE L  
Address: 5230 DENVER STREET NE  
City-St-Zip: SAINT PETERSBURG, FL 33703 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:** KEVIN J. KENYON

VP

04/15/2012

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

\_\_\_\_\_  
Date