


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90073 001 *****61.25
08-21-2006 90073 002 *****8.75

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # N27437 1. Entity Name CHILDREN'S SAFETY VILLAGE OF CENTRAL FLORIDA, INC. | | | |  | |
| Principal Place of Business 910 FAIRVILLA RD ORLANDO, FL 32808 US | | | Mailing Address 910 FAIRVILLA RD ORLANDO, FL 32808 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BRANDENBERGER, BRENDA M 910 FAIRVILLA ROAD ORLANDO, FL 32808 | | | Name ROLAND LACROIX Street Address (P.O. Box Number is Not Acceptable) 910 FAIRVILLA Road City Orlando FL Zip Code 32808 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Carol Roland J. Lef</i></u> Director <u>8/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-nominating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ↑ GALLOWAY, MICHAEL 3319 MAGUIRE BLVD STE 130 ORLANDO, FL 32803 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BEARY, KEVIN 2400 W. 33 ST. ORLANDO, FL 32809 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BRANDENBERGER, BRENDA M 910 FAIRVILLA RD. ORLANDO, FL 32808 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP MCCOY, MICHAEL J 100 S HUGHEY ORLANDO, FL 32809 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S CHANIN-HERR, SUZANNE 910 FAIRVILLE RD ORLANDO, FL 32808 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Director ROLAND LACROIX 910 FAIRVILLA Rd ORL, FL 32808 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Suzanne E Chanin Herr</i></u> <u>8/16/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |



07242006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2898030

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**