

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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AND
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DOCUMENT # N27437

1. Entity Name

Children's SAFETY Village of Central Florida



08 JAN 11 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

910 FAIRVILLA Road

Suite, Apt. #, etc.

3. Mailing Address

910 FAIRVILLA Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32808

Country

USA

Zip

32808

Country

USA

4. FEI Number

592898030

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Jeffrey McAbee

Street Address (P.O. Box Number is Not Acceptable)

910 FAIRVILLA Road

City Orlando

FL

Zip Code

32808

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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

Signature of person making statement of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/07/08

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	VAL Demmings
STREET ADDRESS	100 South Hughey
CITY-ST-ZIP	Orlando, Florida 32809
TITLE	Director
NAME	Jeffrey McAbee
STREET ADDRESS	910 FAIRVILLA Rd
CITY-ST-ZIP	ORL, FL 32808
TITLE	T
NAME	Michael Galloway
STREET ADDRESS	3319 MAGUIRE Blvd
CITY-ST-ZIP	ORL, FL 32803
TITLE	P
NAME	Kevin Beary
STREET ADDRESS	2500 W. Colonial DR
CITY-ST-ZIP	ORL, FL 32804
TITLE	S
NAME	Suzanne Chanin-Herr
STREET ADDRESS	910 FAIRVILLA Rd
CITY-ST-ZIP	ORL, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzanne E Chanin-Herr

1-7-08

321-229-1251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #