

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27437

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** CHILDREN'S SAFETY VILLAGE OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

910 FAIRVILLA RD  
ORLANDO, FL 32808 US

**New Principal Place of Business:**

**Current Mailing Address:**

910 FAIRVILLA RD  
ORLANDO, FL 32808 US

**New Mailing Address:**

**FEI Number:** 59-2898030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FINLAY, BOB  
910 FAIRVILLA ROAD  
ORLANDO, FL 32808 US

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

BLACK, JUANITA  
910 FAIRVILLA ROAD  
ORLANDO, FL 32808 US

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: JUANITA BLACK

01/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FERGUSON, PHIL  
Address: 601 N. MAGNOLIA AVENUE  
City-St-Zip: ORLANDO, FL 32801 US

Title: VP  
Name: JOHNSTONE, MARGE  
Address: 8805 W. COLONIAL DRIVE  
City-St-Zip: OCOEE, FL 34761 US

Title: T  
Name: COLLINS, BRIAN  
Address: 2145 METRO CENTER BLVD.  
City-St-Zip: ORLANDO, FL 32835 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: PHIL FERGUSON

PRES

01/26/2010

Electronic Signature of Signing Officer or Director

Date