

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003440

FILED
Apr 09, 2009
Secretary of State

Entity Name: SAFETY SYSTEMS INTERNATIONAL TRAINING INSTITUTE, INC.

Current Principal Place of Business:

8838 CR 137
WELLBORN, FL 32094

New Principal Place of Business:

Current Mailing Address:

P.O. BOX R
WHITE SPRINGS, FL 32096 US

New Mailing Address:

FEI Number: 59-3478359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORE, RONALD G
8838 CR 137
WELLBORN, FL 32094 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: DP () Delete
Name: GORE, RONALD G
Address: P.O. BOX 155, 8838 CR 137
City-St-Zip: WELLBORN, FL 32094

Title: DST () Delete
Name: GORE, SUE D
Address: P.O. BOX 155
City-St-Zip: WELLBORN, FL 32094

Title: D () Delete
Name: BOZZETTI, DOMNICK
Address: 3528 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: GORE, TERRY
Address: 2521 FRANKLIN ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: HESTON, LINDEN H
Address: 10013 S.R. 51
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: WRIGHT, JOHN J
Address: 3357 NE 116TH LN
City-St-Zip: JASPER, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RONALD G. GORE

DP

04/09/2009

Electronic Signature of Signing Officer or Director

Date