

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003440

**FILED**  
**Apr 30, 2010**  
**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  
Name: GORE, RONALD G  
Address: P.O. BOX 155, 8838 CR 137  
City-St-Zip: WELLBORN, FL 32094

Title: D  
Name: BOYD, BILLIE I  
Address: 4160 172ND ST  
City-St-Zip: WELLBORN, FL 32094

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

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

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

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

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: RONALD G. GORE

DP

04/30/2010

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

\_\_\_\_\_  
Date