

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003318

FILED  
Mar 03, 2012  
Secretary of State

**Entity Name:** AMERICAN INSTITUTE FOR PUBLIC SAFETY FOUNDATION, INC.

**Current Principal Place of Business:**

6919 W. BROWARD BLVD.  
#286  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

6919 W. BROWARD BLVD.  
#286  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 65-1059885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SASLAW, GARY R  
20801 BISCAYNE BLVD., STE. 304  
AVENTURA, FL 331801422 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: D  
Name: HOFFHEIMER, JAMES  
Address: 6919 W. BROWARD BLVD. # 286  
City-St-Zip: PLANTATION, FL 33317

Title: D  
Name: SASLAW, GARY R  
Address: 20801 BISCAYNE BLVD., STE. 304  
City-St-Zip: AVENTURA, FL 331801422

Title: ST  
Name: KYMM, ABRAHAMSON  
Address: 6919 W. BROWARD BLVD. # 286  
City-St-Zip: PLANTATION, FL 33317

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: KYMM ABRAHAMSON

D

03/03/2012

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

\_\_\_\_\_  
Date