

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813977

Entity Name: NATIONAL CHILD SAFETY COUNCIL**Current Principal Place of Business:**4065 PAGE AVE.
JACKSON, MI 49204**Current Mailing Address:**P. O. BOX 1368
JACKSON, MI 49204**FEI Number:** 38-6035290**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name KAUFMAN, HARLEY J
Address 9335 CAMERON RIDGE WAY
 APT. 116
City-State-Zip: INDIANAPOLIS IN 46240

Title SECRETARY, TREASURER,
 DIRECTOR
Name NELSON, DIANE
Address 4772 HASLETT
City-State-Zip: PERRY MI 48872

Title DIRECTOR
Name HAYNES, W THOMAS
Address 540 SLANE TRACE
City-State-Zip: ROSWELL GA 30076

Title VP, DIRECTOR
Name VANCE, JAMES
Address 5353 SNOWDRIFT PASS
City-State-Zip: JACKSON MI 49201

Title ASST. SECRETARY, ASST.
 TREASURER
Name JERSEY, KAYCEE
Address 14222 WAMPLERS LAKE RD.
City-State-Zip: BROOKLYN MI 49230

Title DIRECTOR
Name KINNEY, JEFFREY
Address 6222 MOUNTIE WAY
City-State-Zip: JACKSON MI 49201

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: DIANE M. NELSON**SECRETARY/TREASURER** 01/07/2021_____
Electronic Signature of Signing Officer/Director Detail_____
Date