

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90065 008 ****70.00

DOCUMENT # 701472	
1. Entity Name TAMPA AREA SAFETY COUNCIL, INC.	

Principal Place of Business 1113 DR. M. L. KING JR. BLVD. EAST TAMPA FL 33603	Mailing Address 1113 DR. M. L. KING JR. BLVD. EAST TAMPA FL 33603
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2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Country	Zip

4. FEI Number 59-0581682	Applied For ☐
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent HINSON, JOE B 1113 E. DR. M.L. KING JR. BLVD. TAMPA FL 33603	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joe B Hinson* **Joe Hinson** 1/22/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP RINALDI, LOUIS J 3703 DALE AVE TAMPA FL 33609 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Savage, Bruce (Pres) ☒ Change ☐ Addition 2005 Chickwood Ct. Tampa, FL 33618-7295
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RINALDI, LOUIS J PO BOX 111 TAMPA FL 33601 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thompson, Edwin (I.P.P.) ☒ Change ☐ Addition 311 Park Place Blvd. #400 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE SAVAGE, BRUCE 808 ZACK ST TAMPA FL 33602 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Erler, William (PE) ☒ Change ☐ Addition 9400 Eddings Road Odessa, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SED HINSON JR., JOE B 1113 E DR ML KING JR BLVD TAMPA FL 33603 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hinson, Joe (Sec) ☒ Change ☐ Addition 1113 E DR M L King Jr Blvd Tampa, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERLER, WILLIAM C ☐ Delete 9400 EDDINGS RD ODESSA FL 33556	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moore, Roger (Treas) ☐ Change ☒ Addition 4524 Oak Fair Blvd #230 Tampa, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, CDWIN ☐ Delete 311 PARK PLACE BLVD, STE 400 CLEARWATER FL 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joe B Hinson* **Joe Hinson** 1/22/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #