FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:35

DOCUMENT # **714942** **(0)**

1. Corporation Name

NATIONAL SAFETY COUNCIL, PINELLAS COUNTY CHAPTER , INC.

Principal Place of Business	Mailing Address
1145 COURT STREET CLEARWATER FL 34616	1145 COUNT STREET CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1968
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1222286 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$88.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

ROFFEY, DIANE
1952 ELAINE DR.
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
			☒ Change ☐ Addition
TITLE	TR	11 TITLE	PD
NAME	KENNEDY, ROBERT	12 NAME	BAKEWELL, KEVIN
STREET ADDRESS	17711 BOYSCOUT RD	13 STREET ADDRESS	1515 N. WESTSHORE BLVD.
CITY-ST-ZIP	ODESSA FL	14 CITY-ST-ZIP	TAMPA, FL 33607
			☒ Change ☐ Addition
TITLE	TR	21 TITLE	VD
NAME	DUPAUL, MEL	22 NAME	HAMBY, MICHAEL
STREET ADDRESS	1606 SOUVENIR DR	23 STREET ADDRESS	1145 COURT STREET
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	CLEARWATER, FL. 34616
			☒ Change ☐ Addition
TITLE	TR	31 TITLE	SD
NAME	BAKEWELL, KEVIN	32 NAME	BELL, RICHARD
STREET ADDRESS	1515 N. WESTSHORE BLVD	33 STREET ADDRESS	2310 STARKEY ROAD
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	LARGO, FL 34641
			☒ Change ☐ Addition
TITLE	TR	41 TITLE	TD
NAME	HUTCHISON, DONALD	42 NAME	ROSS, WILLIAM
STREET ADDRESS	P.O. BOX 11626 N/A	43 STREET ADDRESS	12350 AUTOMOBILE BLVD.
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	CLEARWATER, FL 34622
			☐ Change ☐ Addition
TITLE	D	51 TITLE	
NAME	ROFFEY, DIANE	52 NAME	
STREET ADDRESS	1952 ELAINE DR	53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	
			☐ Change ☐ Addition
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane Roffey — Diane Roffey — 3/14/95 — (813)442-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010424