05061999-90162-006-$61.25-$61.25

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90162 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714942

1. Corporation Name

NATIONAL SAFETY COUNCIL, PINELLAS COUNTY CHAPTER , INC.

Principal Place of Business	Mailing Address
1145 COURT STREET CLEARWATER FL 33756 US	1145 COURT STREET CLEARWATER FL 33756 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 07/17/1968

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

9. Name and Address of Current Registered Agent

ROFFEY, DIANE
1952 ELAINE DR.
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		
TITLE	PD	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	BAKEWELL, KEVIN		1.2 NAME	John Smyth	
STREET ADDRESS	1515 N WESTSHORE BLVD		1.3 STREET ADDRESS	1145 Court St.	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Clearwater, FL 33756	
TITLE	VD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	HAMBY, MICHAEL		2.2 NAME	Susan Schreiter	
STREET ADDRESS	1145 CT ST		2.3 STREET ADDRESS	1145 Court St	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Clearwater, FL 33756	
TITLE	SD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	COLLINS, SUSAN		3.2 NAME	Susan Collins	
STREET ADDRESS	400 S GREENWOOD AVE		3.3 STREET ADDRESS	400 S. Greenwood Ave	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	Clearwater, FL 33756	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HO, SANDY		4.2 NAME		
STREET ADDRESS	2310 STARKY RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROFFEY, DIANE		5.2 NAME		
STREET ADDRESS	1952 ELAINE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

Diane Roffey

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 5-14-99 — (727)442-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Diane Roffey

CR2E037 (11/98)