


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90276 050 ****61.25

DOCUMENT # N02000007999
 1. Entity Name
 AMERICAN SAFETY COUNCIL FOUNDATION, INC.



Principal Place of Business
 5125 ADANSON ST., SUITE 500
 ORLANDO, FL 32804

Mailing Address
 5125 ADANSON ST., SUITE 500
 ORLANDO, FL 32804

50006001



DO NOT WRITE IN THIS SPACE

03012006 No Chg-NP CR2E037 (11/05)

4. FEI Number 56-2299817	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 PAGE, THOMAS P
 5125 ADANSON ST., SUITE 500
 ORLANDO, FL 32804

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROECHEL, ROBERT W 5125 ADANSON ST., SUITE 500 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITHSON, DONNA <i>PAGE</i> 5125 ADANSON ST., SUITE 500 ORLANDO, FL 32804 <i>name change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, THOMAS P 5125 ADANSON ST., SUITE 500 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3/14/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #