

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 19, 2009  
Secretary of State**

DOCUMENT# N02000007999

Entity Name: AMERICAN SAFETY COUNCIL FOUNDATION, INC.

**Current Principal Place of Business:**

5125 ADANSON ST., SUITE 500  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

5125 ADANSON ST., SUITE 500  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 56-2299817      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAGE, THOMAS P  
5125 ADANSON ST., SUITE 500  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PROECHEL, ROBERT W  
Address: 5125 ADANSON ST., SUITE 500  
City-St-Zip: ORLANDO, FL 32804 US

Title: D ( ) Delete  
Name: PAGE, DONNA  
Address: 5125 ADANSON ST., SUITE 500  
City-St-Zip: ORLANDO, FL 32804 US

Title: D ( ) Delete  
Name: PAGE, THOMAS P  
Address: 5125 ADANSON ST., SUITE 500  
City-St-Zip: ORLANDO, FL 32804 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS PAGE

D

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date