

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701472

FILED
Jan 12, 2005
Secretary of State

Entity Name: TAMPA AREA SAFETY COUNCIL, INC.

Current Principal Place of Business:

1113 DR. M. L. KING JR. BLVD. EAST
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

1113 DR. M. L. KING JR. BLVD. EAST
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-0581682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HINSON, JOE B
1113 E. DR. M.L. KING JR. BLVD.
TAMPA, FL 33603 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: P () Delete
Name: SAVAGE, BRUCE
Address: 2005 CHICKWOOD CT.
City-St-Zip: TAMPA, FL 33618

Title: IPP () Delete
Name: THOMPSON, EDWIN
Address: 311 PARK PLACE BLVD #400
City-St-Zip: CLEARWATER, FL 33759

Title: PE () Delete
Name: ERLER, WILLIAM
Address: 9400 EDDINGS RD
City-St-Zip: ODESSA, FL 33556

Title: SEC () Delete
Name: HINSON, JOE
Address: 1113 E DR ML KING JR BLVD
City-St-Zip: TAMPA, FL 33603

Title: T () Delete
Name: ERLER, WILLIAM C
Address: 9400 EDDINGS RD
City-St-Zip: ODESSA, FL 33556

Title: PD (X) Delete
Name: THOMPSON, CDWIN
Address: 311 PARK PLACE BLVD, STE 400
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ERLER, WILLIAM C
Address: 9400 EDDINGS ROAD
City-St-Zip: ODESSA, FL 33556

Title: IPP (X) Change () Addition
Name: SAVAGE, BRUCE
Address: 2005 CHICKWOOD CT
City-St-Zip: TAMPA, FL 33615

Title: PE (X) Change () Addition
Name: MOORE, ROGER
Address: 3629 QUEEN PALM DRIVE
City-St-Zip: TAMPA, FL 33619

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

Title: T (X) Change () Addition
Name: BOUDREAUX, TOM
Address: P O BOX 191
City-St-Zip: TAMPA, FL 33601

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOE B HINSON

S

01/12/2005

Electronic Signature of Signing Officer or Director

Date