2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# 702764

Entity Name: CENTRAL FLORIDA SAFETY COUNCIL, INC.

Current Principal Place of Business:

427 N PRIMROSE DR
ORLANDO, FL 328035012 US

New Principal Place of Business:

Current Mailing Address:

427 N PRIMROSE DR
ORLANDO, FL 328035012 US

New Mailing Address:

FEI Number: 59-1358237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GUILMET, THOMAS P
CENTRAL FLA. SAFETY COUNCIL
427 N PRIMROSE DR
ORLANDO, FL 328035012 US

Name and Address of New Registered Agent:

GUILMET, THOMAS P
427 NORTH PRIMROSE DRIVE
ORLANDO, FL 328035012 US

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: _____ 04/27/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	THOMAS, WILLIAM R PRES.	
Address:	6629 CRENSHAW DRIVE	
City-St-Zip:	ORLANDO, FL 32835 US	
Title:	VD	( ) Delete
Name:	WILLIAMS, MELVIN V PRES.	
Address:	1100 JOHN GLENN BLVD	
City-St-Zip:	TITUSVILLE, FL 32780 US	
Title:	TSD	( ) Delete
Name:	SHAW, DAVE TREAS.	
Address:	1255 GLEN ROYAL TERRACE	
City-St-Zip:	DELAND, FL 32720 US	
Title:	D	( ) Delete
Name:	GUILMET, THOMAS P DIR.	
Address:	427 NORTH PRIMOSE DRIVE	
City-St-Zip:	ORLANDO, FL 32803 US	
Title:	D	(X) Delete
Name:	CHANNELL, WARREN T DIR.	
Address:	60 GRAND CYPRESS BLVD	
City-St-Zip:	ORLANDO, FL 32836 US	
Title:	D	(X) Delete
Name:	ABER, WREN DIR.	
Address:	2016 WOODY DRIVE	
City-St-Zip:	WINDERMERE, FL 34786 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	WILLIAMS, MELVIN PRES.	
Address:	1100 JOHN GLENN BLVD	
City-St-Zip:	TITUSVILLE, FL 32780 US	
Title:	VD	(X) Change ( ) Addition
Name:	ABER, WREN V PRES.	
Address:	2016 WOODY DRIVE	
City-St-Zip:	WINDERMERE, FL 34786 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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: /THOMAS P. GUILMET/ D 04/27/2005
Electronic Signature of Signing Officer or Director — Date