2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

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Entity Name: FLORIDA SAFETY COUNCIL, INC.

Current Principal Place of Business:

427 N PRIMROSE DR
ORLANDO, FL 328035012 US

New Principal Place of Business:

427 N PRIMROSE DR
ORLANDO, FL 32803 US

Current Mailing Address:

427 N PRIMROSE DR
ORLANDO, FL 328035012 US

New Mailing Address:

427 N PRIMROSE DR
ORLANDO, FL 32803 US

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

Name and Address of Current Registered Agent:

LEIGH, RICHARD A
1031 W. MORSE BLVD., SUITE 350
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

GUILMET, THOMAS P
427 N PRIMROSE DR
ORLANDO, FL 32803 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: /THOMAS P. GUILMET/ 03/14/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, MELVIN PRES.
Address: 1100 JOHN GLENN BLVD
City-St-Zip: TITUSVILLE, FL 32780 US

Title: VD ( ) Delete
Name: ABER, WREN V PRES.
Address: 2016 WOODY DRIVE
City-St-Zip: WINDERMERE, FL 34786 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ABER, WREN PRES.
Address: 2016 WOODY DRIVE
City-St-Zip: WINDERMERE, FL 34786 US

Title: VD (X) Change ( ) Addition
Name: REID, ROY W V PRES.
Address: P.O. BOX 3186
City-St-Zip: ORLANDO, FL 32802 US

Title: TSD (X) Change ( ) Addition
Name: WALSH, FRED J TREAS.
Address: 1455 PARADISE COURT
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: D (X) Change ( ) Addition
Name: GUILMET, THOMAS P EXECDIR
Address: 427 N PRIMOSE DRIVE
City-St-Zip: ORLANDO, FL 32803 US

I hereby certify that the information supplied with this filing does not qualify for the 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 P. GUILMET/ D 03/14/2006
Electronic Signature of Signing Officer or Director Date