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FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705382 (0)

1. Corporation Name

NORTHEAST FLORIDA SAFETY COUNCIL, INC.

Principal Place of Business	Mailing Address
1725 ART MUSEUM DRIVE JACKSONVILLE FL 32207	1725 ART MUSEUM DRIVE JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1963
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-0536003 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOLLEY JR, JOEL R
1725 ART MUSEUM AVENUE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DTO	1.1 TITLE	D/O-PRESIDENT ELECT	☒ Change ☐ Addition
NAME	YATES, ALTON	1.2 NAME		
STREET ADDRESS	421 WEST CHURCH STREET, SUITE #412	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	DPO	2.1 TITLE	D/C/O	☒ Change ☐ Addition
NAME	TRITT, ARNOLD	2.2 NAME		
STREET ADDRESS	P.O. BOX 17339 N/A	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	ED	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLLEY JR., JOEL R.	3.2 NAME		
STREET ADDRESS	1725 ART MUSEUM DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP		
TITLE	DVO	4.1 TITLE	D/P/O	☐ Change ☒ Addition
NAME	FRITTS, AL	4.2 NAME	BARRY DRUGG	
STREET ADDRESS	500 WATER ST.	4.3 STREET ADDRESS	P.O.BOX 2230 N/A	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32203	
TITLE	VDO	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, W. C.	5.2 NAME		
STREET ADDRESS	501 EAST BAY STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	DCO	6.1 TITLE	V/D/O	☒ Change ☐ Addition
NAME	OLSEN, JAKE	6.2 NAME		
STREET ADDRESS	5215-2 PHILLIPS HIGHWAY	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joel R Holley Jr 2-22-95 904-399 8328
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Telephone Number
JOEL R. HOLLEY, JR.

0020100

OFFICERS AND DIRECTORS CONTD.

7.1	TITLE	T/D/O	ADDITION
7.2	NAME	JOHN CROWDER	
7.3	ADDRESS	3627 UNIVERSITY BLVD.SOUTH #840	
7.4	CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32216	
8.1	TITLE	D/S/O	ADDITION
8.2	NAME	RANDY BROWN	
8.3	ADDRESS	P.O.BOX 2777 N/A	
8.4	CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32203	
9.1	TITLE	V/D/O	ADDITION
9.2	NAME	BOB GRIFFIN	
9.3	ADDRESS	P.O.BOX 40363	
9.4	CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32203	