

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 18, 1996 08:00 AM
Secretary of State

DOCUMENT # **705382** (0)
1. Corporation Name
NORTHEAST FLORIDA SAFETY COUNCIL, INC.



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

3. Date Incorporated or Qualified **03/25/1963** 3a. Date of Last Report **03/02/1995**
4. FEI Number **59-0536003** Applied For Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DOPE	<input type="checkbox"/> DELETE
NAME	YATES, ALTON	
STREET ADDRESS	421 WEST CHURCH STREET, SUITE #412	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DCO	<input type="checkbox"/> DELETE
NAME	TRITT, ARNOLD	
STREET ADDRESS	P.O. BOX 17339 N/A	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	HOLLEY JR., JOEL R.	
STREET ADDRESS	1725 ART MUSEUM DRIVE	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	DPO	<input type="checkbox"/> DELETE
NAME	DRUGG, BARRY	
STREET ADDRESS	P O BOX 2230 N/A	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	VDO	<input type="checkbox"/> DELETE
NAME	BROWN, W. C.	
STREET ADDRESS	501 EAST BAY STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VDO	<input type="checkbox"/> DELETE
NAME	OLSEN, JAKE	
STREET ADDRESS	5215-2 PHILLIPS HIGHWAY	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DOP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Yates, Alton
1.3 STREET ADDRESS	2923 Ribault Scenic Drive
1.4 CITY - ST - ZIP	Jacksonville, FL. 32208
2.1 TITLE	DOVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	EDM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	DOC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	DOVDP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sheriff Nat Glover
5.3 STREET ADDRESS	501 East Bay Street
5.4 CITY - ST - ZIP	Jacksonville, FL
6.1 TITLE	DOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Olsen, Jake
6.3 STREET ADDRESS	P.O. Box 5689
6.4 CITY - ST - ZIP	Jacksonville, FL. 32247

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 199.03(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/28/96 (904) 399-8398

CR2E037 (12/95)