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Jun 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 705382 (0)
1. Corporation Name

NORTHEAST FLORIDA SAFETY COUNCIL, INC.



Principal Place of Business Mailing Address
1725 ART MUSEUM DRIVE 1725 ART MUSEUM DRIVE
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-2151

3. Date Incorporated or Qualified 03/25/1963 3a. Date of Last Report 03/18/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0536003	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DOP	1.1 TITLE	DOP
NAME	YATES, ALTON	1.2 NAME	CROWDER, JOHN
STREET ADDRESS	2923 RIBAUT SCENIC DRIVE	1.3 STREET ADDRESS	3545 ST JOHNS BLUFF ROAD SOUTH #4
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32224
TITLE	DOVP	2.1 TITLE	DOVP
NAME	TRITT, ARNOLD	2.2 NAME	DRUGG, BARRY
STREET ADDRESS	P.O. BOX 17339 N/A	2.3 STREET ADDRESS	PO BOX 2230 N/A
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32203
TITLE	EDM	3.1 TITLE	EDM
NAME	HOLLEY JR., JOEL R.	3.2 NAME	HOLLEY JR., JOEL R.
STREET ADDRESS	1725 ART MUSEUM DRIVE	3.3 STREET ADDRESS	1725 ART MUSEUM DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	DOC	4.1 TITLE	DOC
NAME	DRUGG, BARRY	4.2 NAME	YATES, ALTON
STREET ADDRESS	P O BOX 2230 N/A	4.3 STREET ADDRESS	501 E BAY STREET ROOM 204
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	DOVP	5.1 TITLE	DOVP
NAME	GLOVER, SHERIFF NAT	5.2 NAME	GLOVER, SHERIFF NAT
STREET ADDRESS	501 EAST BAY STREET	5.3 STREET ADDRESS	501 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DOS	6.1 TITLE	DOS
NAME	OLSEN, JAKE	6.2 NAME	KAHLICH, RICHARD
STREET ADDRESS	P.O. BOX 5689 NA	6.3 STREET ADDRESS	ROUTE 4 BOX 1000
CITY-ST-ZIP	JACKSONVILLE, FL 00000	6.4 CITY-ST-ZIP	FT WHITE FL 32038

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)