

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705382 (0)
1. Corporation Name
NORTHEAST FLORIDA SAFETY COUNCIL, INC.

Principal Place of Business 1725 ART MUSEUM DRIVE JACKSONVILLE FL 32207	Mailing Address 1725 ART MUSEUM DRIVE JACKSONVILLE FL 32207
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3. Date Incorporated or Qualified 03/25/1963
4. FEI Number 59-0536003
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DOP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, ALTON	1.2 NAME	BROWN, CAPT. RANDY
STREET ADDRESS	2923 RIBAUT SCENIC DRIVE	1.3 STREET ADDRESS	7327 NORMANDY BLVD
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	DOVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DOVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUGG, BARRY	2.2 NAME	GRIFFIN, BOB
STREET ADDRESS	P.O. BOX 2230 N/A	2.3 STREET ADDRESS	701 PICK ST. SUITE 100
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	EDM <input type="checkbox"/> DELETE	3.1 TITLE	DOVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLEY JR., JOEL R.	3.2 NAME	TULLIS, JAMES
STREET ADDRESS	1725 ART MUSEUM DRIVE	3.3 STREET ADDRESS	166 SAN MARCO BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	JAX, FL 32207
TITLE	DOC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, ALTON	4.2 NAME	
STREET ADDRESS	501 E BAY STREET, ROOM 204	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	DCVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, SHERIFF NAT	5.2 NAME	
STREET ADDRESS	501 EAST BAY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	DOS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHLICH, RICHARD	6.2 NAME	
STREET ADDRESS	RT 4, BOX 1000	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT WHITE FL	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: **Joel R. Holley Jr** 2/27/98 399-3419 8126

CR2037 (10/97)