

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90069 019 ****70.00

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DOCUMENT # 705382

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/25/1963

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DOP ☐ DELETE

NAME BROWN, CAPT. RANDY
STREET ADDRESS 7322 NORMANDY BLVD
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE DOVP ☐ DELETE

NAME GRIFFIN, BOB
STREET ADDRESS 701 FISK ST. SUITE 100
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE EDM ☐ DELETE

NAME HOLLEY JR., JOEL R.
STREET ADDRESS 1725 ART MUSEUM DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE DOC ☒ DELETE

NAME YATES, ALTON
STREET ADDRESS 501 E BAY STREET, ROOM 204
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE DOVP ☐ DELETE

NAME TULLIS, JAMES
STREET ADDRESS 1665 SAN MARCO BLVD
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE DOS ☐ DELETE

NAME KAHLICH, RICHARD
STREET ADDRESS RT 4, BOX 1000
CITY-ST-ZIP FT WHITE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DOC ☒ Change ☐ Addition

1.2 NAME BROWN, CAPT. RANDY
1.3 STREET ADDRESS 7322 NORMANDY BLVD
1.4 CITY-ST-ZIP JAX. FL 32205

2.1 TITLE DOP ☒ Change ☐ Addition

2.2 NAME GRIFFIN, BOB
2.3 STREET ADDRESS 701 FISK ST. SUITE 100
2.4 CITY-ST-ZIP JAX. FL 32204

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE DOVP ☐ Change ☒ Addition

4.2 NAME BUTLER, STEVE
4.3 STREET ADDRESS P.O. BOX 28489
4.4 CITY-ST-ZIP JAX FL 32226

5.1 TITLE DOT ☐ Change ☐ Addition

5.2 NAME TULLIS, JAMES
5.3 STREET ADDRESS 1665 SAN MARCO BLVD
5.4 CITY-ST-ZIP JAX. FL 32207

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

JOEL R. HOLLEY JR. JOEL R. HOLLEY JR 1-12-99 904 3993119
v 126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (11/98)