2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# 705382

Entity Name: NORTHEAST FLORIDA SAFETY COUNCIL, INC.

Current Principal Place of Business:

1725 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1725 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-0536003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: AULD, STEVEN
Address: 4168 SOUTHPOINT PKWY,SUITE 101
City-St-Zip: JACKSONVILLE, FL 32216

Title: P ( ) Delete
Name: DICKENSON, JAMES
Address: 1725 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: HOLLEY JR., JOEL R.,
Address: 1725 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD ( ) Delete
Name: MALLOT, RON
Address: 2801 DAWN RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: CD ( ) Delete
Name: TULLIS, JAMES
Address: 1665 SAN MARCO BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD ( ) Delete
Name: KAHLICH, RICHARD
Address: RT 4,BOX 1000
City-St-Zip: FT WHITE, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: DICKENSON, JAMES
Address: 1725 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change ( ) Addition
Name: MALLOT, RON
Address: 2801 DAWN RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: P (X) Change ( ) Addition
Name: TULLIS, JAMES
Address: 1665 SAN MARCO BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL R. HOLLEY, JR. D 04/01/2008

Electronic Signature of Signing Officer or Director — Date