

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705382

FILED  
Apr 13, 2009  
Secretary of State

**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: VP ( ) 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: PE ( ) Delete  
Name: MALLOT, RON  
Address: 2801 DAWN RD  
City-St-Zip: JACKSONVILLE, FL 32207

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

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

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

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

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

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date