2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705382

FILED Apr 27, 2010 Secretary of State

Entity Name: NORTHEAST FLORIDA SAFETY COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

1725 ART MUSEUM DRIVE JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

1725 ART MUSEUM DRIVE JACKSONVILLE, FL 32207

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

Name: AULD, STEVEN

Address: 4168 SOUTHPOINT PKWY,SUITE 101

City-St-Zip: JACKSONVILLE, FL 32216

Title: VP

Name: DICKENSON, JAMES
Address: 1725 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title:

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

Title: PE

Name: MALLOT, RON Address: 2801 DAWN RD

City-St-Zip: JACKSONVILLE, FL 32207

Title:

 Name:
 TULLIS, JAMES

 Address:
 1665 SAN MARCO BLVD

 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: SD

Name: KAHLICH, RICHARD
Address: RT 4,BOX 1000
City-St-Zip: FT WHITE, FL 32025

I hereby 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 all other like empowered.

SIGNATURE: JOEL R. HOLLEY, JR. D 04/27/2010