2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 705382

Entity Name: NORTHEAST FLORIDA SAFETY COUNCIL, INC.

FILED Mar 11, 2003 Secretary of State

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 (X)

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:

L. _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: VPD (X) Change () Addition Name: OLSEN, JAKE Name: AULD, STEVEN

Address: PO BOX 5689 Address: 4168 SOUTHPOINT PKWY,SUITE 101

City-St-Zip: JACKSONVILLE, FL 32247 City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete Title: D (X) Change () Addition

 Name:
 MALLOT, RON
 Name:
 MALLOT, RON

 Address:
 2801 DAWN RD
 Address:
 2801 DAWN RD

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207

Title: EDM () Delete Title: D (X) Change () Addition Name: HOLLEY JR., JOEL R., Name: HOLLEY JR., JOEL R.,

 Address:
 1725 ART MUSEUM DRIVE
 Address:
 1725 ART MUSEUM DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 00000,
 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: C () Delete Title: PD (X) Change () Addition
Name: BUTLER, STEVE Name: WILLINGHAM, MARK
Address: PO BOX 28489 Address: 4839 MARINERS POINT DRIVE

 Address:
 PO BOX 28489
 Address:
 4839 MARINERS POINT DRIVE

 City-St-Zip:
 JAX, FL
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: P () Delete Title: CD (X) Change () Addition

 Name:
 TULLIS, JAMES
 Name:
 TULLIS, JAMES

 Address:
 1665 SAN MARCO BLVD
 Address:
 1665 SAN MARCO BLVD

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: DOS () Delete Title: SD (X) Change () Addition

 Name:
 KAHLICH, RICHARD
 Name:
 KAHLICH, RICHARD

 Address:
 RT 4,BOX 1000
 Address:
 RT 4,BOX 1000

 City-St-Zip:
 FT WHITE, FL
 City-St-Zip:
 FT WHITE, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES TULLIS CD 03/11/2003