

705382

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Annual Report
Filed 3-30-90
2 pgs.

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1, 1990

PS003700

CORPORATION
ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1990 MAR 30 PM 11:26
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

705382 0

ZIP + 4 PRESORT

NORTHEAST FLORIDA SAFETY COUNCIL, INC.
5454 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211-6860

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

03/25/1963

4. FEI Number

59-0536003

FEI Number Applied For
FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
D/O	DC	WOOD, MARK	540 PHELPS ST.	JACKSONVILLE, FL	00000
D/O	E/D	HOLLEY, JOEL R., JR.	4623 TANBARK ROAD	JACKSONVILLE, FL	00000
D/O	V/P/S	HAMM, JERRY	2600 PHILLIPS HWY.	JACKSONVILLE, FL	00000
	T	JACOMEIN, KEN	825 OLANE AVE.	JACKSONVILLE, FL	00000
D/O		WILKERSON, JAMES	2718 PARK STREET	JACKSONVILLE, FL	00000
	SR P/E	STEINMAN, SANDY	115 KINGS ROAD	JACKSONVILLE, FL	00000
D/O		AL FRITTS	500 WATER STREET	JACKSONVILLE, FL	00000
	MDR	BAKER, MICHAEL DR.	3625 UNIVERSITY BLVD.	JACKSONVILLE, FL	00000
D/O	P	CESAR GARCIA	2394 ST. JOHNS BLUFF RD	JACKSONVILLE, FL	00000
D/O	V/D	MILEY, RAY	501 E. BAY STREET	JACKSONVILLE, FL	00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HOLLEY JR, JOEL R
5454 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

8. Name and Address of New Registered Agent

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of having its registered office or registered agent or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. I 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 effects as if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S.

Signature

Joel R. Holley, Jr.

Title

Executive Director

Date

March 1, 1990

Telephone Number

(904) 724 7244

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

Additional Fee
Required for
Certificate of Status