FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:38

DOCUMENT # 706553 (5)

1. Corporation Name

NORTH CENTRAL FLORIDA SAFETY COUNCIL, INCORPORATED

Principal Place of Business	Mailing Address
3710 N.W. 51ST ST., SUITE A GAINESVILLE FL 32606	3710 N.W. 51ST ST., SUITE A GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1963
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1089435 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CROWLEY, SUSAN S
3710 NW 51ST STREET
SUITE A
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PAGE, CHARLES R	1.2 NAME	LARRY KIESZEK	
STREET ADDRESS	4040 NW 16TH BLVD,	1.3 STREET ADDRESS	222 NE 1st STREET	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	VD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	DUNNING, JIM	2.2 NAME	BOB ELMORE	
STREET ADDRESS	118 CRESTWOOD AVENUE	2.3 STREET ADDRESS	620 E. UNIVERSITY AVENUE	
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32609-2000	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CROWLEY, SUSAN S	3.2 NAME		
STREET ADDRESS	3710 NW 51ST STREET, SUITE A	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	WEBB, MICHEAL D	4.2 NAME		
STREET ADDRESS	1805 SE LAKE WEIR AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KIESZEK, LARRY	5.2 NAME	CHARLES R. PAGE	
STREET ADDRESS	222 NE 1ST STREET	5.3 STREET ADDRESS	4040 NW 16th BLVD.	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	STD	6.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, ART	6.2 NAME		
STREET ADDRESS	6020 NW 43RD STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan S Crowley DIRECTOR 2/20/95 904/377-2566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002636