

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 706553 (5)

1. Corporation Name

NORTH CENTRAL FLORIDA SAFETY COUNCIL, INCORPORATED



Principal Place of Business

3710 N.W. 51ST ST., SUITE A  
GAINESVILLE FL 32606

Mailing Address

3710 N.W. 51ST ST., SUITE A  
GAINESVILLE FL 32606

3. Date Incorporated or Qualified  
12/16/1963

3a. Date of Last Report  
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1089435

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KIESZEK, LARRY	
STREET ADDRESS	222 NE 1ST STREET	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ELMORE, BOB	
STREET ADDRESS	620 E. UNIVERSITY AVENUE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROWLEY, SUSAN S	
STREET ADDRESS	3710 NW 51ST STREET, SUITE A	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEBB, MICHAEL D	
STREET ADDRESS	1805 SE LAKE WEIR AVENUE	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAGE, CHARLES R	
STREET ADDRESS	4040 NW 16TH BLVD.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MARSHALL, ART	
STREET ADDRESS	6020 NW 43RD STREET	
CITY - ST - ZIP	GAINESVILLE FL	

11 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TRULUCK, STEVE	
13 STREET ADDRESS	BOX 100307	
14 CITY - ST - ZIP	GAINESVILLE, FL 32610	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	PP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	KIESZEK, LARRY	
53 STREET ADDRESS	222 NE 1ST STREET	
54 CITY - ST - ZIP	GAINESVILLE, FL 32601	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/96

352/377-2566 EXT 311

Date

Daytime Phone #

CR2E037 (12/95)

706553

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**NORTH CENTRAL FLORIDA SAFETY COUNCIL, INC.  
EXECUTIVE BOARD  
1996**

**President**

**Steve Truluck**

**Director, Safety & Security  
Shands Teaching Hospital**

**Box 100307, G-Ville, FL 32610**

**Ph. # (904) 395-0109**

**FAX # 338-9864**

**Past President**

**Larry Kieszek, CPA**

**Certified Public Accountant**

**Purvis, Gray & Company CPA's**

**222 NE 1st St. G-Ville, FL 32601**

**Ph (W) 378-2461**

**FAX # 378-2505**

**V President/Occupational Safety**

**Dr. Michael Webb**

**Medical Director**

**CARE-1 Occupational Health Ctr.**

**1805 SE Lake Weir Ave.**

**Ocala, FL 34470**

**Ph # (904)629-5161**

**FAX# (904)732-0710**

**Vice President/Community Safety**

**Bob Elmore**

**Alachua County School Board**

**620 E. University Avenue**

**Gainesville, FL 32601**

**Ph (W) 955-7592 (H) 472-2767**

**FAX # 955-6700**

**Secretary/Treasurer**

**Art Marshall**

**Program Director**

**Cox Cable**

**6020 NW 43rd St.-PO Box 147012**

**Gainesville, FL 32614-7012**

**(W) # 337-2046 (H)378-7967**

**FAX # 378-2790**

**At Large Representative**

**Charles R. Page**

**First Nat'l Bank of Alachua**

**4040 NW 16th Blvd.**

**Gainesville, FL 32605**

**Ph (W) 336-1041 (H) 472-3505**

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FAX # 336-9548

At Large Representative  
**Dr. Robert G. Ashley**

Family Practice Physician  
6800 NW 9th Blvd.  
Gainesville, FL 32605  
Ph # 331-3300  
FAX # 331-2637

At Large Representative  
**Paul Holley**

Loss Control Consultant  
Summit Loss Control Services, Inc  
P.O. Box 1087  
Lakeland, FL 33802  
PH # (800)282-7648  
FAX # (904) 665-3546

At Large Representative  
**Bob Keeter**

Attorney  
McCarty, Helm & Keeter  
5024 NW 27th Court  
Gainesville, FL 32606  
Ph # 378-4422  
FAX # 378-7826

At Large Representative  
**Betty Marion**

Attorney  
Pattillo & McKeever  
P.O. Box 1450  
Ocala, FL 34478  
Ph # (904)732-2255  
FAX # (904)351-0166

At Large Representative  
**Stephen M. Oelrich**

Sheriff  
Alachua County Sheriff's Office  
P.O. Box 1210  
Gainesville, FL 32602-1210  
Ph. #955-2507  
FAX # 955-2513

At Large Representative  
**Steve Pavlik**

President, Crom Corporation  
250 SW 36th Terrace  
Gainesville, FL 32607  
Ph. # (W) 372-3436  
FAX # 372-6209

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At Large Representative  
**Doug Prentiss**

Utility Training Officer  
Gainesville Regional Utilities  
528 SE 5th Ave  
Gainesville, FL 32602  
Ph. # (W) 334-2755  
FAX # 334-2632

At Large Representative  
**Sarah Sowell**

Retired  
P.O. Box 1, Waldo, FL 32694  
Ph # (904) 468-1981  
Talla. work # (904) 921-0808