

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-1089435

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

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5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWER, ROGER J
3710 N.W. 51ST ST
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRULUCK, STEVE	1.2 NAME	
STREET ADDRESS	1600 S.W. ARCHER RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELMORE, BOB	2.2 NAME	
STREET ADDRESS	620 E. UNIVERSITY AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWER, ROGER J	3.2 NAME	
STREET ADDRESS	3710 N.W. 51ST ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, MICHAEL 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	PPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIESZEK, LARRY	5.2 NAME	
STREET ADDRESS	222 NE 1ST STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	5.4 CITY - ST - ZIP	
TITLE	STD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 hereby certify that the information supplied with this filing 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:

[Signature]

3/19/98

352/377-2566

CP2E037 (10/97)