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**Mar 08, 1999 8:00 am**  
**Secretary of State**

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0011305

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 706553**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified  
 12/16/1963

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

9. Name and Address of Current Registered Agent

**BROWER, ROGER J**  
**3710 N.W. 51ST ST**  
**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 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TRULUCK, STEVE	
STREET ADDRESS	1600 S.W. ARCHER RD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ELMORE, BOB	
STREET ADDRESS	620 E. UNIVERSITY AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWER, ROGER J	
STREET ADDRESS	3710 N.W. 51ST ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WEBB, MICHAEL D	
STREET ADDRESS	1805 SE LAKE WEIR AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	KIESZEK, LARRY	
STREET ADDRESS	222 NE 1ST STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, ART	
STREET ADDRESS	6020 NW 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TRULUCK, STEVE	
1.3 STREET ADDRESS	1600 SW ARCHER RD	
1.4 CITY-ST-ZIP	GAINESVILLE, FL	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JERRY PAINTER	
2.3 STREET ADDRESS	2425 NE 19TH DRIVE	
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32609	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEVE PAVLIK	
3.3 STREET ADDRESS	250 SW 36TH TERRACE	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BOB KEETER	
4.3 STREET ADDRESS	5024 NW 27TH COURT	
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
5.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DR ROBERT ASHLEY	
5.3 STREET ADDRESS	6800 NW 9TH BLVD.	
5.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 EXECUTIVE DIRECTOR

2/23/99 352/377-2566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)