2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State
03-28-2005 90071 012 ****70.00

DOCUMENT # 706553

1. Entity 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

000104JJ

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1089435 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWER, ROGER J 3710 N.W. 51ST ST GAINESVILLE FL 32606	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUDSON, JOHN PHD P.O. BOX 357520 GAINESVILLE FL 32635	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEVE HUFFSTUTLER 1105 SW 7TH ROAD OCALA, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HUFFSTUTLER, STEVE 1105 SW 7TH RD OCALA FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD JOHN HUDSON PHD P.O. BOX 357520 GAINESVILLE, FL 32635	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PRESTON, ALLAN EI P.O. BOX 117700 GAINESVILLE FL 32611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOB KEETER 1511 NW 6TH STREET GAINESVILLE, FL 32601	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRULUCK, STEVE 1600 SW ARCHER ROAD GAINESVILLE FL 32610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STEVE TRULUCK 1600 SW ARCHER RD GAINESVILLE, FL 32610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASHLEY, ROBERT 6800 NW 9TH BLVD GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JERRY PAINTER 2425 NE 19TH DRIVE GAINESVILLE, FL 32609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEETER, BOB PA 1511 NW 6TH STREET GAINESVILLE FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD ROGER J. BROWER #3710 NW 51ST STREET, SUITE A GAINESVILLE, FL 32601	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roger J. Brower ROGER J. BROWER, DIRECTOR 3/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

352/377-2566