

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706553

FILED
Jan 21, 2007
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA SAFETY COUNCIL, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1089435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWER, ROGER J
3710 N.W. 51ST ST
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUFFSTUTLER, STEVE
Address: 1105 SW 7TH RD
City-St-Zip: OCALA, FL 34474

Title: PPD () Delete
Name: HUDSON, JOHN PHD
Address: P.O. BOX 357520
City-St-Zip: GAINESVILLE, FL 32635

Title: D () Delete
Name: KEETER, BOB
Address: 1511 NW 6TH ST
City-St-Zip: GAINESVILLE, FL 32601

Title: VPD () Delete
Name: TRULUCK, STEVE
Address: 1600 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32610

Title: SD () Delete
Name: PAINTER, JERRY
Address: 2425 NE 19TH DR
City-St-Zip: PALM BAY, FL 32909

Title: DD () Delete
Name: BROWER, ROGER J
Address: 3710 NW 51ST ST, STE A
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER J BROWER

DD

01/21/2007

Electronic Signature of Signing Officer or Director

Date