FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:19

DOCUMENT # 711783 (1)

1. Corporation Name

SAFETY COUNCIL OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
770 SOUTH MILITARY TRAIL W PALM BCH FL 33415	770 SOUTH MILITARY TRAIL W PALM BCH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1966
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-1168121 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SCHULTETUS, TREFT
4772 PINEAIRE LANE
WEST PALM BEACH FL 33417

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~CAREY, CAROL~~	1.2 NAME	Leopold, Ted	
STREET ADDRESS	~~5301 S. CONGRESS AVENUE~~	1.3 STREET ADDRESS	1645 Palm Beach lakes Blvd.	
CITY-ST-ZIP	~~ATLANTIS FL~~	1.4 CITY-ST-ZIP	West Palm Beach, FL 33402	
TITLE	~~VPD~~	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	~~LEOPOLD, TED~~	2.2 NAME	Gaude, Dan G. Jr	
STREET ADDRESS	~~1645 PALM BEACH LAKES BLVD.~~	2.3 STREET ADDRESS	16643 122nd Dr. N.	
CITY-ST-ZIP	~~WEST PALM BEACH FL~~	2.4 CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	~~SD~~	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~GAUDE, DAN G. JR.~~	3.2 NAME	Peter Pimentel	
STREET ADDRESS	~~2455 PORT WEST BLVD.~~	3.3 STREET ADDRESS	357 Hiatt Dr.	
CITY-ST-ZIP	RIVIERA BEACH FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHULTETUS, TREFT	4.2 NAME		
STREET ADDRESS	4772 PINEAIRE LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE	VPD	5.1 TITLE		☐ Change ☐ Addition
NAME	COE, BARBARA E.	5.2 NAME		
STREET ADDRESS	770 S.MILITARY TR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 added, above or on an attachment with an address.

SIGNATURE: _____ 2/9/95 407-689-4733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TED LEOPOLD

0046681