

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711783** (1)
1. Corporation Name

SAFETY COUNCIL OF PALM BEACH COUNTY, INC.



Principal Place of Business 770 SOUTH MILITARY TRAIL W PALM BCH FL 33415	Mailing Address 770 SOUTH MILITARY TRAIL W PALM BCH FL 33415-3906
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3. Date Incorporated or Qualified 11/09/1966	3a. Date of Last Report 02/08/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1168121	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
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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
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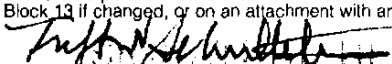
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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	☐ DELETE
NAME	S HICKS, BILLY
STREET ADDRESS	2500 JUPITER PARK DRIVE
CITY-ST-ZIP	JUPITER FL
TITLE	☐ DELETE
NAME	VPD GAUDE, DAN G. JR
STREET ADDRESS	18843 122ND DR N
CITY-ST-ZIP	JUPITER FL
TITLE	☐ DELETE
NAME	PD PIMENTEL, PETER
STREET ADDRESS	357 HIATT DR
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	☐ DELETE
NAME	TD SCHULTETUS, TREFT
STREET ADDRESS	4772 PINEAIRE LANE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	☐ DELETE
NAME	VPD COE, BARBARA E.
STREET ADDRESS	770 S.MILITARY TR.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:  Tref Schultetus

CR2E037 (9/96)