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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 11/09/1966

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 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 _____ 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	S	☐ DELETE	1.1 TITLE	P	xxx Change ☐ Addition
NAME	HICKS, BILLY		1.2 NAME		
STREET ADDRESS	2500 JUPITER PARK DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP		
TITLE	VPD	xx DELETE	2.1 TITLE	VPD	☐ Change xx Addition
NAME	GAUDE, DAN G. JR		2.2 NAME	Harry Lux	
STREET ADDRESS	16843 122ND DR N		2.3 STREET ADDRESS	821 Avenue E	
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	PD	xx DELETE	3.1 TITLE	S	☐ Change xx Addition
NAME	PIMENTEL, PETER		3.2 NAME	Wilfred Hawkins	
STREET ADDRESS	357 HIATT DR		3.3 STREET ADDRESS	100 East Boynton Beach Blvd.	
CITY-ST-ZIP	PALM BEACH GARDENS FL		3.4 CITY-ST-ZIP	Boynton Beach, FL 33425-0310	
TITLE	TD	☐ DELETE	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	xx DELETE	5.1 TITLE	VPD	☐ Change xx Addition
NAME	COE, BARBARA E.		5.2 NAME	Toni A. Burrows	
STREET ADDRESS	770 S.MILITARY TR.		5.3 STREET ADDRESS	770 South Military Trail	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE		☐ DELETE	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 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: Treft Schultetus (ENTERED)

CR2E037 (10/97)