2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711783

FILED Feb 03, 2005 Secretary of State

Entity Name: SAFETY COUNCIL OF PALM BEACH COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 770 SOUTH MILITARY TRAIL W PALM BCH, FL 33415 **Current Mailing Address: New Mailing Address:** 770 SOUTH MILITARY TRAIL W PALM BCH, FL 33415 FEI Number: 59-1168121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAWKINS, WILFRED MR CITY OF BOYNTON BEACH 100 E BOYNTON BEACH BLVD BOYNTON BEACH, FL 33425 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HAWKINS, WILFRED Name: Name: 100 E BOYNTON BEACH BLVD Address: Address: City-St-Zip: BOYNTON BEACH, FL 33425 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WILLIAMS, JOHN Name: Address: 7501 JOG ROAD Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition LIGON, MARK Name: Name: Address: 941 SW 12TH AVE Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: () Delete Title: VPD Title: () Change () Addition Name: BURROWS, TONI A Name: Address: 770 S MILITARY TRAIL Address: City-St-Zip: W PALM BEACH, FL 33415 City-St-Zip: Title: SEC () Delete Title: () Change () Addition ABBOTT, CHRIS Name: Name: 4001 SEMINOLE PRATT WHITNEY ROAD Address: Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: Title: () Delete Title: () Change () Addition BECHT, PRISCILLA Name: Name: Address: 3105 OLEANDER AVE Address: FT PIERCE, FL 34982 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TONI A BURROWS VPD 02/03/2005