2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711783

FILED Mar 19, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	UE HERON	BLVD			
SUITE 110 RIVIERA E		34044858 US			
	lailing Addre		New Mailing Addre	?SS:	
4152 W BLUE HERON BLVD SUITE 110 RIVIERA BEACH, FL 334044858 US			3		
FEI Number	: 59-1168121	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
BURROWS, TONI A SAFETY COUNCIL OF PALM BEACH COUNTY, INC 4152 W BLUE HERON BLVD RIVIERA BEACH, FL 334044858 US			SAFETY COUNCIL 4152 W BLUE HER	BURROWS, TONI A SAFETY COUNCIL OF PALM BEACH COUNTY, INC 4152 W BLUE HERON BLVD STE #110 RIVIERA BEACH, FL 334044858 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: TONI A. BURROWS				03/19/2009	
	Electro	onic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	WILLIAMS, JO 7501 NORTH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LUX, HARRY 4 EAST PORT) Delete RD CH, FL 33404	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BURROWS, T 4152 W BLUE) Delete ONI A : HERON BLVD STE 110 CH, FL 334044858	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROUNDTREE 357 HIATT DE	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DAVIS, MARK 6501 NO JOG		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	INFANTE, RIC	E BLVD GPA-JB	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: TONI A. BURROWS V/D 03/19/2009