

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **716832** (1)

1. Corporation Name

FLORIDA FEDERATION FOR SAFETY, INC



Principal Place of Business

1113 E. DR. MARTIN LUTHER KING BLVD.
TAMPA FL 33603
US

Mailing Address

1113 E. DR. MARTIN LUTHER KING BLVD.
TAMPA FL 33603
US

3. Date Incorporated or Qualified
07/02/1969

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **Fla. Federation of Safety**

26 **Fla. Federation of Safety**

4. FEI Number

59-1110631

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **P.O. Box 47723**

27 **P.O. Box 47723**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

City & State

City & State

23 **St. Petersburg, FL**

28 **St. Petersburg, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **33743-7723**

25 **U.S.**

29 **33743-7723**

30 **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAPPELL, DEAN
201 N. FRANKLIN ST.
TAMPA FL 33601-0110**

81 Name

Ron Gardiner

82 Street Address (P.O. Box Number is Not Acceptable)

1145 Court St.

83

84 City

Clearwater, FL

FL

85 Zip Code

34616

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

RON GARDINER

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Ron Gardiner, Vice President, March 29, 1996

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **CHAPPELL, DEAN**
STREET ADDRESS **201 N. FRANKLIN ST. MC711**
CITY-ST-ZIP **TAMPA FL 33605**

TITLE **VPD** ☒ DELETE
NAME **HOLLEY, JOEL**
STREET ADDRESS **1723 MUSEUM DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **SD** ☐ DELETE
NAME **BURGNER, DOUG**
STREET ADDRESS **330 CHURCH STREET**
CITY-ST-ZIP **BARTOW FL 33831**

TITLE **TD** ☒ DELETE
NAME **GARDINER, RON**
STREET ADDRESS **1145 COURT STREET**
CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE **SVPD** ☐ DELETE
NAME **DOUGLAS, RON**
STREET ADDRESS **201 N. FRANKLIN ST. MC FTL0711**
CITY-ST-ZIP **TAMPA FL 33601**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **JOEL R. HOLLEY, JR.**
1.3 STREET ADDRESS **1725 ART MUSEUM DR.**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

2.1 TITLE **VPD** ☐ Change ☒ Addition
2.2 NAME **RON GARDINER**
2.3 STREET ADDRESS **1145 COURT ST.**
2.4 CITY-ST-ZIP **CLEARWATER, FL 34616**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **TD** ☐ Change ☒ Addition
4.2 NAME **JAMES O'NEILL**
4.3 STREET ADDRESS **750 MAIN STREET**
4.4 CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Joel R. Holley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

March 26, 1996 904 399-8398
Date Daytime Phone #

CR2E037 (12/95)