2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# 731196

Entity Name: NORTH FLORIDA SAFETY COUNCIL, INC.

Current Principal Place of Business:

2003-B APALACHEE PARKWAY
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2003-B APALACHEE PARKWAY
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-1523914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GIFFORD, DOUGLAS E
2402 KILLEARNEY WAY
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: BECHARD, BRUCE,
Address: 3532 RAYMOND DIEHL RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete
Name: PICHARD, DAVID,
Address: 216 OFFICE PLAZA
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD ( ) Delete
Name: RHEA, RICHARD,
Address: 7121 COASTAL HWY
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: GIFFORD, DOUGLAS E
Address: 2402 KILLEARNEY WY
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD ( ) Delete
Name: ENGLISH, GEORGE,
Address: 238 ROSE HILL DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD ( ) Delete
Name: HARRELL, KAREN
Address: 301 S MONROE ST, RM 201
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DOUGLAS E GIFFORD D 04/23/2008

Electronic Signature of Signing Officer or Director — Date