

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731196

FILED
Apr 29, 2009
Secretary of State

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 (X) 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

CEO

04/29/2009

Electronic Signature of Signing Officer or Director

Date