

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 742927 (7)
1. Corporation Name
HEARTLAND SAFETY SOCIETY, INC.



Principal Place of Business

Mailing Address

W. K. TAFT, JR.
6431 LAKELAND HIGHLAND ROAD
LAKELAND FL 33813
US

W. K. TAFT, JR.
6431 LAKELAND HIGHLAND ROAD
LAKELAND FL 33813
US

3. Date Incorporated or Qualified
05/18/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3184288

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

W. K. TAFT, JR.
6431 LAKELAND HIGHLAND ROAD
LAKELAND FL 33813

81 Name

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

83

84 City

FL

85 Zip Code

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

W. K. Taft, Jr.
Signature typed or printed name of registered agent and title, if applicable

W. K. TAFT, JR. TD 2/19/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **TAFT JR., W. K.**
CITY-ST-ZIP **6431 LAKELAND HIGHLAND ROAD
LAKELAND FL**

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **BROOME, ROSE C.**
CITY-ST-ZIP **965 EAST TEE CIRCLE
BARTOW FL**

TITLE ☒ DELETE
NAME **PD**
STREET ADDRESS **HIGHBY, ED**
CITY-ST-ZIP **520 NORTH LAKE PARKER AVENUE
LAKELAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **VANN, CHARLES W.**
1.3 STREET ADDRESS **1323 THOMASVILLE CIRCLE**
1.4 CITY-ST-ZIP **LAKELAND, FL 33811**

2.1 TITLE **PD** ☐ Change ☒ Addition
2.2 NAME **WOLGAST, MARVIN R.**
2.3 STREET ADDRESS **247 BIRCH LANE**
2.4 CITY-ST-ZIP **LAKELAND, FL 33813**

3.1 TITLE **VPD** ☒ Change ☐ Addition
3.2 NAME **BROOME, ROSE C.**
3.3 STREET ADDRESS **965 EAST TEE CIRCLE**
3.4 CITY-ST-ZIP **BARTOW, FL 33830**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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:

W. K. Taft, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. K. TAFT, JR. TD 2/19/96 941/644-5273

Date

Daytime Phone #

CR2E037 (12/95)