

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000000260

1. Entity Name
**TRUCKING INDUSTRY LOSS PREVENTION AND SAFETY
ASSOCIATION CORPORATION**



Principal Place of Business
**1000 WALNUT STREET 14TH FLOOR
KANSAS CITY, MO 64106-2140**

Mailing Address
**1551 N FLAGLER DRIVE
1116
WEST PALM BEACH, FL 33401**



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1627955

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CECCHINI, WALTER R
1551 N. FLAGLER DRIVE
1116
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CDST
CECCHINI, WALTER R JR
1551 N. FLAGLER DRIVE # 1116
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CARLSON, HARLEY L
2530 BRIAR RIDGE DR. #8
HOUSTON, TX 77057**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000624190
02/14/07-80021-008 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Walter R. Cecchini Jr.

1-23-07

(561) 837-9201