

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90276 050 ****61.25

DOCUMENT # N02000007999

1. Entity Name
AMERICAN SAFETY COUNCIL FOUNDATION, INC.



Principal Place of Business
**5125 ADANSON ST., SUITE 500
ORLANDO, FL 32804**

Mailing Address
**5125 ADANSON ST., SUITE 500
ORLANDO, FL 32804**

50006001



03012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
56-2299817

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PAGE, THOMAS P
5125 ADANSON ST., SUITE 500
ORLANDO, FL 32804**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PROECHEL, ROBERT W
STREET ADDRESS	5125 ADANSON ST., SUITE 500
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	D
NAME	SHAMBERSON , DONNA
STREET ADDRESS	5125 ADANSON ST., SUITE 500
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	D
NAME	PAGE, THOMAS P
STREET ADDRESS	5125 ADANSON ST., SUITE 500
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

PAGE name change

**DO NOT WRITE
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 #

3/14/06