


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/11/2006-90118-039-\$61.25-\$61.25

FILED
May 02, 2006 8:00 A.M.
Secretary of State

DOCUMENT # N05000009006			
1. Entity Name SAFETY COUNCIL ACADEMY, INC.			
Principal Place of Business 4171 WEST HILLSBORO BLVD SUITE 5 COCONUT CREEK, FL 33073		Mailing Address 4171 WEST HILLSBORO BLVD SUITE 5 COCONUT CREEK, FL 33073	
2. Principal Place of Business <i>5109 GARFIELD ST.</i>		3. Mailing Address <i>5109 GARFIELD ST.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Hollywood, FL</i>		City & State <i>Hollywood, FL</i>	
Zip <i>33021</i>		Zip <i>33021</i>	
Country <i>U.S.</i>		Country <i>U.S.</i>	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEARING, RONALD J JR 4171 WEST HILLSBORO BLVD SUITE 5 COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name <i>DEARING, RONALD J JR, P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>5109 NW 43 RD E.</i> <i>LOREAL SPRINGS</i> City FL Zip Code 33067	
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 <i>RONALD DEARING JR, P.A.</i>		DATE <i>3-22-06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARING, RONALD J JR	NAME	<i>DEARING, RONALD J JR.</i>
STREET ADDRESS	4171 WEST HILLSBORO BLVD	STREET ADDRESS	<i>5109 GARFIELD STREET</i>
CITY-ST-ZIP	COCONUT CREEK, FL 33073	CITY-ST-ZIP	<i>Hollywood, FL 33021</i>
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, DANNY	NAME	<i>MAY, DANIEL</i>
STREET ADDRESS	4171 WEST HILLSBORO BLVD	STREET ADDRESS	<i>5109 GARFIELD STREET</i>
CITY-ST-ZIP	COCONUT CREEK, FL 33073	CITY-ST-ZIP	<i>Hollywood, FL 33021</i>
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHOADS, RICHARD	NAME	<i>BRICATO, CHAD</i>
STREET ADDRESS	4171 WEST HILLSBORO BLVD	STREET ADDRESS	<i>5109 GARFIELD STREET</i>
CITY-ST-ZIP	COCONUT CREEK, FL 33073	CITY-ST-ZIP	<i>Hollywood, FL 33021</i>
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERT, JOHN	NAME	<i>BUSTLE, WILLEAM</i>
STREET ADDRESS	4171 WEST HILLSBORO BLVD	STREET ADDRESS	<i>5109 GARFIELD STREET</i>
CITY-ST-ZIP	COCONUT CREEK, FL 33073	CITY-ST-ZIP	<i>Hollywood, FL 33021</i>
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>RAMSAMON, SHELDON</i>
STREET ADDRESS		STREET ADDRESS	<i>5109 GARFIELD STREET</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>Hollywood, FL 33021</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>RONALD DEARING JR</i>		DATE: <i>3-22-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

754-264-3818