


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

5/

05-23-2007 90027 016 \*\*\*\*70.00

<b>DOCUMENT # N06000000808</b> 1. Entity Name <b>MAJESTIC SAFETY COUNCIL, INC.</b>					
Principal Place of Business <b>2799 FULFORD ST. DELTONA, FL 32738</b>			Mailing Address <b>P.O. BOX 390343 DELTONA, FL 32739</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>41-2241339</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BATLE, MAGDA X. 2799 FULFORD ST. DELTONA, FL 32738</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when requesting)</small>					
<b>Filing Fee is \$81.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>MAGDA BATLE</b> <b>2799 FULFORD ST.</b> <b>DELTONA, FLORIDA 32738</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>SHARON THOMPSON</b> <b>2761 W. COVINGTON DR.</b> <b>DELTONA, FL 32738</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
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.					
<b>SIGNATURE:</b> <u><i>Magda Batle Director</i></u> <span style="float: right;"><u><i>May 17-07</i></u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66018520



05172007 Chg-NP CR2E037 (12/06)

☒ Applied For  
☐ Not Applicable

# ATTACHMENT

06018520

Majestic Safety Council, Inc  
PO Box 390343  
Deltona, Florida 32739-0343

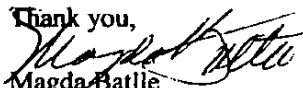
May 15, 2007

Ref: #N06000000808

Please be advised that we have been late sending this fee due to personal illness, every year I have serious health problems with my upper respiratory allergies, I do not have anyone able to follow up with the paper work. This Program has been Certified by a Provider and the State of Florida however we were unable to start the Program as planned.. At the present time we hope to start in July. This enclosed fee has been release from the reserve funds, since we have not conducted any classes yet. Any penalty will force us to delay the opening of this program that will help many To Improve their Driving behavior. We called today to get the FEI #.

Hoping that your Dept. would understand the situation and waive any penalty for this delayed.

Thank you,

  
Magda Batlle  
Director..