


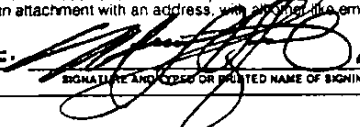
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

09-07-2007 90002 007 ****61.25
N06000006545

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SECRETARY OF STATE
40131694
TALLAHASSEE, FLORIDA

DOCUMENT # N06000006545 1. Entity Name THE FLORIDA COUNCIL ON HIGHWAY SAFETY, INCORPORATED																																																																																																																							
Principal Place of Business 149 NORTH KENTUCKY AVE UMATILLA, FL 32784			Mailing Address PO BOX 2465 UMATILLA, FL 32784-2465																																																																																																																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																					
City & State		City & State																																																																																																																					
Zip	Country	Zip	Country	4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				09042007 Chg-NP CR2E037 (12/06)																																																																																																																			
6. Name and Address of Current Registered Agent HATFIELD, MICHAEL H 149 NORTH KENTUCKY AVE UMATILLA, FL 32784			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																				
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																																																																																																																							
Filing Fee is \$61.25 Due by September 14, 2007		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																																																																																																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>HATFIELD, MICHAEL H</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PO BOX 2465 UMATILLA, FL 32784</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>BAXLEY, JAMES R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 2465</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>UMATILLA, FL 32784</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>CADWELL, WELTON G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 2465</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>UMATILLA, FL 32784</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>BARFIELD, JASON R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4853 COUNTY ROAD 116</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WILDWOOD, FL 34785</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DST</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>HATFIELD, LINDA C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 2465</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>UMATILLA, FL 32784</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	HATFIELD, MICHAEL H		CITY-ST-ZIP	PO BOX 2465 UMATILLA, FL 32784		TITLE	D	Delete <input type="checkbox"/>	NAME	BAXLEY, JAMES R		STREET ADDRESS	PO BOX 2465		CITY-ST-ZIP	UMATILLA, FL 32784		TITLE	D	Delete <input type="checkbox"/>	NAME	CADWELL, WELTON G		STREET ADDRESS	PO BOX 2465		CITY-ST-ZIP	UMATILLA, FL 32784		TITLE	D	Delete <input type="checkbox"/>	NAME	BARFIELD, JASON R		STREET ADDRESS	4853 COUNTY ROAD 116		CITY-ST-ZIP	WILDWOOD, FL 34785		TITLE	DST	Delete <input type="checkbox"/>	NAME	HATFIELD, LINDA C		STREET ADDRESS	PO BOX 2465		CITY-ST-ZIP	UMATILLA, FL 32784		TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 submit 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 authority to be empowered.																																																																																																																							
SIGNATURE:  MICHAEL H. HATFIELD 352 9-4-07 669-2131 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																							