2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006545

1. Entity Name
THE FLORIDA COUNCIL ON HIGHWAY SAFTEY, INCORPORATED

Principal Place of Business	Mailing Address
149 NORTH KENTUCKY AVE UMATILLA, FL 32784	PO BOX 2465 UMATILLA, FL 32784-2465

01222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HATFIELD, MICHAEL H
149 NORTH KENTUCKY AVE
UMATILLA, FL 32784

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HATFIELD, MICHAEL H
STREET ADDRESS	PO BOX 2465
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	D
NAME	BAXLEY, JAMES R
STREET ADDRESS	PO BOX 2465
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	D
NAME	CADWELL, WELTON G
STREET ADDRESS	PO BOX 2465
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	D
NAME	BARFIELD, JASONN R
STREET ADDRESS	4853 COUNTY ROAD 116
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	DST
NAME	HATFIELD, LINDA C
STREET ADDRESS	PO BOX 2465
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/08-80024-009 61.25

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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 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: MICHAEL H. HATFIELD, Pres 1-23-08 352/69-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #