


FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90037 016 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000011719					
1. Entity Name FLORIDA MUNICIPAL ASSOCIATION FOR SAFETY AND HEALTH, INC.					
Principal Place of Business 125 COLONIAL DRIVE EAST, ORLANDO, FL 32801		Mailing Address 125 COLONIAL DRIVE EAST, ORLANDO, FL 32801			
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 75-3223562	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGINN, STEVE 125 COLONIAL DRIVE EAST, ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Scott J. Blaser, CSP Street Address (P.O. Box Number is Not Acceptable) 125 East Colonial Drive City Orlando FL Zip Code 32801	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GRANT, CHARLES 125 COLONIAL DRIVE EAST ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES - Grant, Charles <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 East Colonial Drive Orlando, FL 32801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROCKER, GARRICK 125 COLONIAL DRIVE, EAST ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - Darla Herndon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 East Colonial Drive Orlando, FL 32801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HERNDON, DARLA 125 COLONIAL DRIVE, EAST ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC - Le Thomas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 East Colonial Drive Orlando, FL 32801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Darla Herndon</u>		2/26/08 407-571-8068			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			