

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44720

FILED  
Mar 06, 2009  
Secretary of State

**Entity Name:** FLORIDA SAFETY & HEALTH INSTITUTE, INC.

**Current Principal Place of Business:**

1709 HERMITAGE BOULEVARD  
SUITE 100  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 200  
TALLAHASSEE, FL 323020200 US

**New Mailing Address:**

**FEI Number:** 59-3081777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCONNAUGHAY, JAMES N  
1709 HERMITAGE BOULEVARD  
SUITE 100  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: REVELS, CLAUDE  
Address: 8019 BAYBERRY RD.  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: MCCONNAUGHAY, JAMES N  
Address: 1709 HERMITAGE BOULEVARD, SUITE 100  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: BAUMANN, MARGARET  
Address: 1702 MARKHAM GLEN CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: DEWAR, BUDDY  
Address: 200 WEST COLLEGE AVE  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES N. MCCONNAUGHAY

D

03/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date