

FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 25 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N50196** (7)

1. Corporation Name

**FLORIDA SAFETY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**427 NORTH PRIMROSE DRIVE  
ORLANDO FL 32801**

**PO BOX 532024  
ORLANDO FL 32853-2024  
US**



|                                |  |                        |  |                                                                                                                                                             |  |                                              |  |
|--------------------------------|--|------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>07/29/1992</b>                                                                                                      |  | 3a. Date of Last Report<br><b>03/28/1996</b> |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br><b>59-3173123</b>                                                                                                                          |  | Applied For<br>Not Applicable                |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                        |  | <b>\$8.75</b> Additional Fee Required        |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          |  | <b>\$5.00</b> May Be Added to Fees           |  |
| 24 Country                     |  | 29 Country             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                              |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEIGH, RICHARD A.  
39 W. PINE STREET  
ORLANDO FL 32801**

|                                                       |           |
|-------------------------------------------------------|-----------|
| 81 Name                                               |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83                                                    |           |
| 84 City                                               | <b>FL</b> |
| 85 Zip Code                                           |           |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                           |
|----------------------------|------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------|
| TITLE                      | <b>DP</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                             | <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME                       | <b>STANDRIDGE, GEORGE</b>                            | 1.2 NAME                                              | <b>AMIDON, WILLIAM</b>                                                                    |
| STREET ADDRESS             | <b>500 S ORANGE AVE</b>                              | 1.3 STREET ADDRESS                                    | <b>P. O. BOX 1009 203 Wisciff Dr.</b>                                                     |
| CITY-ST-ZIP                | <b>ORLANDO FL 32802</b>                              | 1.4 CITY-ST-ZIP                                       | <b>WINDERMERE, FL 34786 Delee, FL 34761</b>                                               |
| TITLE                      | <b>DS</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             | <b>D/S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>AMIDON, WILLIAM R.</b>                            | 2.2 NAME                                              | <b>DOVE, WARREN</b>                                                                       |
| STREET ADDRESS             | <b>1431 CRESCENT LAKE DRIVE</b>                      | 2.3 STREET ADDRESS                                    | <b>500 N. ORANGE AVE., RM. 118</b>                                                        |
| CITY-ST-ZIP                | <b>WINDERMERE FL 34786</b>                           | 2.4 CITY-ST-ZIP                                       | <b>ORLANDO, FL 32801</b>                                                                  |
| TITLE                      | <b>TD</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE                                             | <b>DVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME                       | <b>OCKWIG, STANLEY</b>                               | 3.2 NAME                                              | <b>DIGGS, DAVID</b>                                                                       |
| STREET ADDRESS             | <b>5715 MAJOR BLVD.</b>                              | 3.3 STREET ADDRESS                                    | <b>P. O. BOX 4970 3851 Vision Blvd.</b>                                                   |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                                    | 3.4 CITY-ST-ZIP                                       | <b>ORLANDO, FL 32802 32829</b>                                                            |
| TITLE                      | <b>DT</b> <input checked="" type="checkbox"/> DELETE | 4.1 TITLE                                             | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME                       | <b>MILLER, MARTI</b>                                 | 4.2 NAME                                              | <b>STANLEY OCKWIG</b>                                                                     |
| STREET ADDRESS             | <b>614 WYMORE RD</b>                                 | 4.3 STREET ADDRESS                                    | <b>4940 CASPIAN COURT</b>                                                                 |
| CITY-ST-ZIP                | <b>WINTER SPRINGS FL</b>                             | 4.4 CITY-ST-ZIP                                       | <b>ORLANDO, FL 32819</b>                                                                  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  | 5.1 TITLE                                             | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME                       | <b>WILSON, DAVE</b>                                  | 5.2 NAME                                              | <b>STANDRIDGE, GEORGE</b>                                                                 |
| STREET ADDRESS             | <b>837 NORTH GARLAND AVENUE</b>                      | 5.3 STREET ADDRESS                                    | <b>500 S. ORANGE AVENUE</b>                                                               |
| CITY-ST-ZIP                | <b>ORLANDO FL 32801</b>                              | 5.4 CITY-ST-ZIP                                       | <b>ORLANDO, FL 32802</b>                                                                  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME                       | <b>ROPER, BARBARA</b>                                | 6.2 NAME                                              | <b>SEE ATTACHED FOR COMPLETE</b>                                                          |
| STREET ADDRESS             | <b>1056 S DILLARD ST</b>                             | 6.3 STREET ADDRESS                                    | <b>BOARD OF DIRECTOR LISTING</b>                                                          |
| CITY-ST-ZIP                | <b>WINTER GARDEN FL</b>                              | 6.4 CITY-ST-ZIP                                       |                                                                                           |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

**FLORIDA SAFETY ASSOCIATION  
1997/1998 BOARD OF DIRECTORS**

**President:** William Amidon (Exp 6/00)  
P.O. Box 1009  
Windermere, FL 34786  
877-7522

**Vice President:** David W. Diggs (Exp 6/99)  
ORANGE COUNTY CORRECTIONS  
~~P.O. Box 4970~~ 3851 Vision Blvd.  
Orlando, FL ~~32802~~ 32829  
836-3630

**Secretary/Treasurer:** Warren Dove (Exp 6/99)  
BELLSOUTH TELECOMMUNICATIONS, INC.  
500 N. Orange Ave., Room 118  
Orlando, FL 32801  
237-3349

Stan Ockwig (Exp 6/98)  
4040 Caspian Court  
Orlando, FL 32819

George Standridge (Exp 6/99)  
ORLANDO UTILITIES COMMISSION  
500 South Orange Avenue  
Orlando, FL 32802  
423-9100 x2222

**FLORIDA SAFETY ASSOCIATION - 1997/98 BOARD OF DIRECTORS**  
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Ms. Barbara Roper (Exp 6/99)  
TOPS 'N TRAVEL  
1056 S. Dillard St.  
Winter Garden, FL 32787  
877-3500

The Honorable Dorothy Russell (Exp 6/99)  
JUDGE, NINTH JUDICIAL CIRCUIT  
65 E. Central Blvd.  
Orlando, FL 32801  
836-2282

Chief Doug Ball (Exp 6/00)  
Winter Park Police Dept.  
401 Park Avenue South  
Winter Park, FL 32789  
623-3272

Linda Hayes-Gallegos (Exp 6/00)  
University of Central Florida  
Division of Continuing Education  
P.O. Box 160950  
Orlando, FL 32816  
823-6101

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