

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State 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
US



3. Date Incorporated or Qualified

07/29/1992

4. FEI Number

59-3173123

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ 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

FL

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 DP
NAME AMIDON, WILLIAM
STREET ADDRESS 203 WUSCLIFF DR
CITY-ST-ZIP OCOEE FL

☐ DELETE

TITLE DST
NAME DOVE, WARREN
STREET ADDRESS 500 N ORANGE AVE, RM 118
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE DVP
NAME DIGGS, DAVID
STREET ADDRESS 3851 VISION BLVD
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME OCKWIG, STANLEY
STREET ADDRESS 4940 CASPIAN COURT
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME STANDRIDGE, GEORGE
STREET ADDRESS 500 S ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME ROPER, BARBARA
STREET ADDRESS 1058 S DILLARD ST
CITY-ST-ZIP WINTER GARDEN FL

☐ DELETE

1.1 TITLE DP
1.2 NAME DIGGS, DAVID
1.3 STREET ADDRESS 3851 VISION BLVD.
1.4 CITY-ST-ZIP ORLANDO, FL 32839

☒ Change ☐ Addition

2.1 TITLE DVP
2.2 NAME DOVE, WARREN
2.3 STREET ADDRESS 500 N ORANGE AVE, RM 118
2.4 CITY-ST-ZIP ORLANDO, FL 32801

☒ Change ☐ Addition

3.1 TITLE DST
3.2 NAME HAYES-GALLEGOS, LINDA
3.3 STREET ADDRESS 12424 RESEARCH PARKWAY RM 265
3.4 CITY-ST-ZIP ORLANDO, FL 32826

☒ Change ☐ Addition

4.1 TITLE D
4.2 NAME AMIDON, WILLIAM
4.3 STREET ADDRESS 203 WUSCLIFF DR
4.4 CITY-ST-ZIP OCOEE, FL

☒ Change ☐ Addition

5.1 TITLE D
5.2 NAME BALL, DOUG
5.3 STREET ADDRESS 401 PARK AVENUE SOUTH
5.4 CITY-ST-ZIP WINTER PARK, FL 32789

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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.

SIGNATURE:

David W. Diggs

CR2E037 (10/97)