FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT #
1. Corporation Name

N50910

(1)

Mailing Address

PARTNERS FOR HIGHWAY SAFETY FOUNDATION, INC.

1690 RAYMOND DIEHL ROAD SUITE B-5 TALLAHASSEE FL 32308		1690 RAYMOND DIEHL ROAD SUITE B-5 TALLAHASSEE FL 32308		3. Date Incorporated or Qualified 09/18/1992	3a. Date of Last Report 01/20/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21 7 60 Suite, Apt. #	THOMASVILLE Rd.	26 Suite, Apt. #, etc. 18		59-3156996 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 323		Zıp	Country 0	8. This corporation has liability for in	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
81 Name 82 Stree Address (P.O. Bex Number is Not Acceptable) 83 Stree Address (P.O. Bex Number is Not Acceptable) 84 City Allahasses 85 Zip Code 86 Zip Code 87 Stree Address (P.O. Bex Number is Not Acceptable) 88 Stree Address (P.O. Bex Number is Not Acceptable) 89 Stree Address (P.O. Bex Number is Not Acceptable) 80 Stree Address (P.O. Bex Number is Not Acceptable) 81 Name 82 Stree Address (P.O. Bex Number is Not Acceptable) 83 Stree Address (P.O. Bex Number is Not Acceptable) 84 City Allahasses 85 Zip Code 86 Zip Code 87 Stree Address (P.O. Bex Number is Not Acceptable)					
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 a		Registered Agent signature rec		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P PURPLE PARK 5	DELETE	1.1 TITLE		Change Addition
NAME	BURRIS, PAUL E	r	1 2 NAME		
STREET ADDRESS	1690 RAYMOND DIEH RD., B-	5	1 3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308	™ Ø£T€1€	1.4 CITY - ST - ZIP	···	Change Addition
TITLE	D CARD ACNED MARCIA	DELETE	21 DILE D	I selve C HENDER	Change Addition
NAME	SAPP AGNER, MARCIA		2 2 NAME	1050	call la
STREET ADDRESS	516 WEST WILCOX		2 3 STREET ADDRESS	1938 Commonwe	3H/HV CN.
CłTY-ST-ZIP	PERRY FL 32347	DELETE	2 4 CITY - ST - ZIP	LESIS C HENDER 1958 COMMONWO TAIL FL. 32	303
TITLE	D CAMEDONI DIANINA	Morrese	•		Change Addition
NAME expect appears	CAMERON, DIANNA 2410 LANCELOT DRIVE		3 2 NAME		
STREET ADDRESS	TALLAHASSEE FL 32308		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	TOELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME	HOWES, CAPTAIN KEN	- Court	4. 2 NAME		
STREET ADDRESS	2900 APALACHEE PARKWAY				
·	TALLAHASSEE FL 32399-0550	1	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	, DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	VIII. 18-11-11-11-11-11-11-11-11-11-11-11-11-1	Change Addition
NAME	KEITH, MAJOR CLAY	Lagorett L	5.2 NAME		[_] onunge
	1485 SPRUCE AVENUE				
STREET ADDRESS	TALLAHASSEE FL 32303		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	5 4 CHTY-ST-ZIP 6 1 TITLE		Change Addition
		[]DELETE			change Adultion
NAME etoset apposes	STROM, LARRY 3127 W. TENNESSEE ST.		6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP	TALLAHASSEE FL 32304 v certify that the information sylphied w	th this filing is voluntarily furnished	64 CITY - ST - ZIP	ifu for the exemption stated in Section 110.0	7/3Vk) Florida Statutos I furthor
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or experimental 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 thanged, of on an attachment with an address.					

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-681 0800 Daytime Phone #

CR2E037 (12/95)