


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90009 002 ****61.25

DOCUMENT # N50910 1. Entity Name PARTNERS FOR HIGHWAY SAFETY FOUNDATION, INC.					
Principal Place of Business 1920 THOMASVILLE, RD. SUITE #200 TALLAHASSEE, FL 32303 US			Mailing Address 1920 THOMASVILLE, RD. SUITE #200 TALLAHASSEE, FL 32303 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BURRIS, PAUL E 1920 THOMASVILLE, RD. SUITE #200 TALLAHASSEE, FL 32303				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURRIS, PAUL E		NAME		
STREET ADDRESS	1920 THOMASVILLE RD., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	CBOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANTURE, CHARLES		NAME		
STREET ADDRESS	825 THOMASVILLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	TBOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMERON, DIANA		NAME		
STREET ADDRESS	225 UNIVERSITY CTR., BLDG C-FSU		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32306		CITY-ST-ZIP		
TITLE	BOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LENARD, PEGGY		NAME		
STREET ADDRESS	SPARROW SPRING ROAD		STREET ADDRESS		
CITY-ST-ZIP	GASTONIA, NC 28053		CITY-ST-ZIP		
TITLE	BOD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, RICHARD SEN		NAME		
STREET ADDRESS	406 10TH AVENUE NW		STREET ADDRESS		
CITY-ST-ZIP	JASPER, FL 32052		CITY-ST-ZIP		
TITLE	BOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROCK, LILIA		NAME		
STREET ADDRESS	1861 LOG RIDGE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
12. 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 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: <i>Paul E. Burris</i>			Date: 7/1/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 850 681-0800		

54062799



07022004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3156996

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> Delete
NAME	BURRIS, PAUL E	
STREET ADDRESS	1920 THOMASVILLE RD., SUITE 200	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	CBOD	<input type="checkbox"/> Delete
NAME	VANTURE, CHARLES	
STREET ADDRESS	825 THOMASVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	TBOD	<input type="checkbox"/> Delete
NAME	CAMERON, DIANA	
STREET ADDRESS	225 UNIVERSITY CTR., BLDG C-FSU	
CITY-ST-ZIP	TALLAHASSEE, FL 32306	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	LENARD, PEGGY	
STREET ADDRESS	SPARROW SPRING ROAD	
CITY-ST-ZIP	GASTONIA, NC 28053	
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CITY-ST-ZIP	TALLAHASSEE, FL 32312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #