

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N51451** (5)

1. Corporation Name

**NATIONAL FOUNDATION FOR SAFETY IN HIGH RISK OCCU
PATIONS, INC.**

Principal Place of Business

**614 SW LAKEHURST DR.
PORT ST LUCIE FL 34982**

Mailing Address

**13014 N. DALE MABRY, SUITE 189
TAMPA FL 33618**



3. Date Incorporated or Qualified
10/23/1992

3a. Date of Last Report
08/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES, MARTIN G
614 SW LAKEHURST DR.
PORT ST LUCIE FL 34982**

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, 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)

4/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME **JAMES, MARTIN G**
STREET ADDRESS **614 SW LAKEHURST DR**
CITY-ST-ZIP **PORT ST LUCIE FL 34982**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME **GUZENSKI, ANGELA R**
STREET ADDRESS **561 WOODSTOCK AVE**
CITY-ST-ZIP **TONAWANDA NY 14150**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME **GUZENSKI, JAMES GERALD**
STREET ADDRESS **561 WOODSTOCK AVE**
CITY-ST-ZIP **TONAWANDA NY 14150**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☒ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME **DI CANIO, TOM**
STREET ADDRESS **1799 SE LORRAINE ST**
CITY-ST-ZIP **PORT ST LUCIE FL 34954**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☒ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME **MARTIN, JAMES**
STREET ADDRESS **1139 BROADWAY, APT 101**
CITY-ST-ZIP **SAN FRANCISCO CA 94109**

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 **407/871-6895**

CR2E037 (12/95)