## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name N51451

(5)

## NATIONAL FOUNDATION FOR SAFETY IN HIGH RISK OCCU

## **FILED** Apr 22 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									
						. I TABILLAN MAN ANNA INAMA NAMA NAMA NAMA NAMA NA	I HIWI WAWAI WAY	414 MINES NAMES AS	1811 B1811 1881
614 SW LAKEI PORT ST LUC		13014 N. DALE MABRY. 1 TAMPA FL 33618-2808	SUITE 189						
						3. Date Incorporated or Qualified 10/23/1992	3a. D	ate of Last F <b>04/29/19</b>	teport <b>96</b>
i '	Place of Business	2a. Mailing Address	Mailing Address			4. FEI Number 59-3148236	,	15-1-	polied For
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.								<del></del>	ot Applicable Additional
22		27	27			5. Certificate of Status Desired	P		equired
City & Sta	ste	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	<u> </u>		to Fees
Zip	Country Zip		30 Cou	ıntry	!	This corporation has liability for intangible tax under s. 199.032,  Florida Statutes  Yes  No			
24	9. Name and Address of Cur		30			10. Name and Address of New R			
		······································		81	Name		· <del>R</del> · · · · · ·	<del>- 7</del>	
JAMES.	, MARTIN G				Street Addr	ess (P.O. Box Number is Not Acceptable)			
	LAKEHURST DR.		[82] Street Ad			ess (F.O. Box Normber is Not Accepte	ibie)		
PORT S	ST LUCIE FL 34982			83					
				84	City			<b>85</b> Zip	Code
			- <u></u>				FL	• ! !	
11. Pursuant office or	t to the provisions of Sections 617.0 registered agent, or both, in the St	0502 and 617,1508, Florida Stat late of Florida. Such change was	utes, the al authorize	d by	e-named corp / the corporati	oration submits this statement for the ion's board of directors. I hereby according to the control of the contr	purpose o apt the apt	f changing i sointment as	ts registered registered
agent. 1	am familiar with, and accept the ob	oligations of, Section 617.0503, I	Florida Stat	lutes	3.				
SIGNATURE.	Signature, typed or printed name of registered	apeni and title if applicable (Ni	OTF: Registere	d Ano	ot signature require	ed when reinstating)	DATE		<del></del> ,
12.		AND DIRECTORS	13.		int e-grande i vojan	ADDITIONS/CHANGES TO OFF	<del></del>	DIRECTO	RS IN 12
TITLE	PTSD	DELETE	1.1 11	TLE				Change	Addition
NAME	JAMES, MARTIN G		12 N	AME	j				
STREE1 ADDRESS	4		1.3 \$1	IREET	ADDRESS				
CHY-ST-ZIP	PORT ST LUCIE FL 34982			1.4 CITY-ST-ZIP				-	
TITLE	D OUTENOUS ANOTH A B	•		2.1 TITLE				L. Change	Addition
NAME	TALL SUBSEINE STATE ALL			2.2 NAME					ļ
STREET ADDRESS	TONAWANDA NY 14150		2.3 STREET ADORESS 2.4 CITY-ST-ZIP		í				ļ
CITY - ST - ZIP	D	DELETE	3.1 11		SI-ZIP		·	Change	Addition
NAME	GUZENSKI, JAMES GERAL	_	3.2 N		1			CHI CHANGE	
STREET ADDRESS		-			ADDRESS				
CITY-SY-ZIP	TONAWANDA NY 14150		3.4.0	HTY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 🜃	TLE				Change	Addition
NAME			4.2 N	AME					
STREET ADDRESS			4.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP			4.4 CI	ΠY-S	T-ZIP				
TITLE		☐ DELETE	5.1 Ti	TLE	1			Change	Addition
NAME			5.2 N	AME	-				
STREET ADDRESS	; <b> </b>		- 1		ADDRESS	•			
CITY-ST-ZIP		☐ DELETE		_	ST-ZIP			Change	Addition
TITLE			6.1 TI					CH CHarige	LI ADDITION
NAME	.		6.2 N		ADDRESS				
STREET ADDRESS CITY-ST-ZIP	`	9	1		T-ZIP				
	aby certify that the information supp	olied with this filing does not out				in Section 119 07(3)(i) Florida Statut	es I furthe	r certify the	the

The mereby certify that the minimizant supplied with this mining does not quality for the exemption stated in Section 119.07(3)(j), Fiorida 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.

Daytime Phone # 0048458