


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of State

| | | | |
|---|------------------------|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N51451 (5) 1. Corporation Name NATIONAL FOUNDATION FOR SAFETY IN HIGH RISK OCCUPATIONS, INC. | | | |
| Principal Place of Business 614 SW LAKEHURST DR. PORT ST LUCIE FL 34982 | | Mailing Address 13014 N. DALE MABRY, SUITE 189 TAMPA FL 33618-2808 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | |
| 9. Name and Address of Current Registered Agent JAMES, MARTIN G 614 SW LAKEHURST DR. PORT ST LUCIE FL 34982 | | 10. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | PTSD | <input type="checkbox"/> DELETE | |
| NAME | JAMES, MARTIN G | | |
| STREET ADDRESS | 614 SW LAKEHURST DR | | |
| CITY - ST - ZIP | PORT ST LUCIE FL 34982 | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | GUZENSKI, ANGELA R | | |
| STREET ADDRESS | 561 WOODSTOCK AVE | | |
| CITY - ST - ZIP | TONAWANDA NY 14150 | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | GUZENSKI, JAMES GERALD | | |
| STREET ADDRESS | 561 WOODSTOCK AVE | | |
| CITY - ST - ZIP | TONAWANDA NY 14150 | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY - ST - ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY - ST - ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY - ST - ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY - ST - ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY - ST - ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY - ST - ZIP | | | |
| 14. I do 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: _____ DATE: 4/3/97 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |



CR2E037 (9/96)