

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705382

Entity Name: NORTHEAST FLORIDA SAFETY COUNCIL, INC.**Current Principal Place of Business:**1725 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207**Current Mailing Address:**1725 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207 US**FEI Number:** 59-0536003**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUTTON, CATHERINE
1725 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HEMPSELL, DANIEL
Address 1725 ART MUSEUM DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name HEARN, LEO
Address 1725 ART MUSEUM DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title IMMEDIATE PAST PRESIDENT
Name DICKINSON, GARY R.
Address 1725 ART MUSEUM DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title VP
Name ANDERSON, JAMES
Address 1725 ART MUSEUM DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title CEO
Name SUTTON, CATHERINE
Address 1725 ART MUSEUM DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title PRESIDENT
Name LESLEY, TOKE
Address 1725 ART MUSEUM DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER
Name TULLIS, JAMES F
Address 1725 ART MUSEUM DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title VP
Name CONNELL, ROBERT
Address 1725 ART MUSEUM DRIVE
City-State-Zip: JACKSONVILLE FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHERINE SUTTON**CEO****02/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date