

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N45209** (6)

1. Corporation Name

SOUTH ATLANTIC LIFESAVING ASSOCIATION, INC.

95 JAN 30 AM 9:56

Principal Place of Business

Mailing Address

500 WONDERWOOD DR
JACKSONVILLE FL 32223
US

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JACKSONVILLE FL 32223
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/19/1991	3a. Date of Last Report 04/20/1994
4. FEI Number 59-3089517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent

SCHICK, DAVID L.
201 EAST PINE STREET
SUITE 1200
ORLANDO FL 32802-3068

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RENICK, THOMAS
STREET ADDRESS	11 S OCEAN AVE.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	SD
NAME	GARVIN, MELISSA
STREET ADDRESS	11 S OCEAN AVE.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	TD
NAME	PIVEO, PAUL
STREET ADDRESS	11 S OCEAN AVE.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	D
NAME	WATSON, RON
STREET ADDRESS	11 S OCEAN AVE.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	D
NAME	CAMPION, ALAN
STREET ADDRESS	11 S OCEAN AVE.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secretary - Director
2.3 STREET ADDRESS	Jennifer Rotman
2.4 CITY-ST-ZIP	861 Riverland Drive Charleston, SC
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Treasurer - Director
3.3 STREET ADDRESS	M. C. Hutto
3.4 CITY-ST-ZIP	500 Wonderwood Drive Jacksonville, FL 32233
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V.P. - Director
5.3 STREET ADDRESS	Jack Stucki
5.4 CITY-ST-ZIP	338 Magnolia Street Atlantic Beach, FL 32233
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas Renick 1/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR MEMBER