

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N45209** (6)
1. Corporation Name
SOUTH ATLANTIC LIFESAVING ASSOCIATION, INC.



Principal Place of Business Mailing Address
500 WONDERWOOD DR JACKSONVILLE FL 32223 US

3. Date Incorporated or Qualified **09/19/1991** 3a. Date of Last Report **01/30/1995**
4. FEI Number **59-3089517** Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 **P.O. BOX 330332** 26 **P.O. BOX 330332**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State City & State
23 **ATLANTIC BEACH, FL** 28 **ATLANTIC BEACH, FL**
Zip Country Zip Country
24 **32233** 25 **USA** 29 **32233** 30 **USA**

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 **M. C. HUTTO**
82 Street Address (P.O. Box Number is Not Acceptable) **1628 THIRD AVE. NO.**
83
84 City **JACKSONVILLE BEACH FL** 85 Zip Code **32250**

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 duties of, an agent under Section 617.0503, Florida Statutes.

SIGNATURE *M.C. Hutto* **M.C. HUTTO** Treasurer/Director **2-27-96**
Signature, typed or printed name of registered agent and title if applicable (NO E Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE	NAME RENICK, THOMAS	1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.1 NAME MICHAEL HENSLER
STREET ADDRESS 11 S OCEAN AVE.	CITY-ST-ZIP DAYTONA BEACH FL	1.2 NAME	1.2 STREET ADDRESS 2052 SO. PENINSULA AVE.
TITLE SD <input type="checkbox"/> DELETE	NAME ROTMAN, JENNIFER	1.3 CITY-ST-ZIP DAYTONA BEACH, FL 32118	1.3 CITY-ST-ZIP
STREET ADDRESS 861 RIVERLAND DR.	CITY-ST-ZIP CHARLESTON SC	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 NAME
TITLE TD <input type="checkbox"/> DELETE	NAME HUTTO, M.C.	2.2 STREET ADDRESS	2.2 CITY-ST-ZIP
STREET ADDRESS 500 WONDERWOOD DRIVE	CITY-ST-ZIP JACKSONVILLE FL	2.3 STREET ADDRESS 1628 THIRD AVE. NO.	2.3 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250
TITLE D <input type="checkbox"/> DELETE	NAME WATSON, RON	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
STREET ADDRESS 11 S OCEAN AVE.	CITY-ST-ZIP DAYTONA BEACH FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 NAME
TITLE VD <input checked="" type="checkbox"/> DELETE	NAME STUCKI, JACK	3.2 STREET ADDRESS 1628 THIRD AVE. NO.	3.2 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250
STREET ADDRESS 338 MAGNOLIA STREET	CITY-ST-ZIP ATLANTIC BEACH FL	3.3 CITY-ST-ZIP	3.3 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	3.4 CITY-ST-ZIP P.O. BOX 330332	3.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233
STREET ADDRESS	CITY-ST-ZIP	3.5 CITY-ST-ZIP ATLANTIC BEACH, FL 32233	3.5 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.1 NAME
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.2 STREET ADDRESS P.O. BOX 330332
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	4.3 CITY-ST-ZIP ATLANTIC BEACH, FL 32233
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.1 NAME
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.2 STREET ADDRESS PAUL PIVEC
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	5.3 CITY-ST-ZIP DAYTONA BEACH FL 32124
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 NAME
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.2 STREET ADDRESS ***61.25
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	6.3 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	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: *M.C. Hutto* **M. C. HUTTO, TREASURER 1-25-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #