

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT
AB-1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR 21 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45209 (6)

1. Corporation Name

SOUTH ATLANTIC LIFESAVING ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. 50954 P.O. 50954
JACKSONVILLE BEACH, FL 32240-0954

| | | | |
|--------------------------------|----|---------------------|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 26 | Suite, Apt. #, etc. | |
| 22 | 27 | City & State | |
| 23 | 28 | Zip | Country |
| 24 | 25 | 29 | 30 |

3. Date Incorporated or Qualified
09/19/91

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

9. Name and Address of Current Registered Agent

HUITO, M.C.
1628 THIRD AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

10. Name and Address of New Registered Agent

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 *[Signature]* **M.C. HUITO** **4-19-99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENSLER, MICHAEL | 12 NAME | 200002857282--2 |
| STREET ADDRESS | 2052 SO. PENINSULA | 13 STREET ADDRESS | --04/29/99--01113--004 |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32118 | 14 CITY-ST-ZIP | ****236.25 ****236.25 |
| TITLE | SD <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWIE, NIKKI | 22 NAME | 200002857282--2 |
| STREET ADDRESS | 861 RIVERLAND DRIVE | 23 STREET ADDRESS | --04/29/99--01113--005 |
| CITY-ST-ZIP | CHARLESTON, SC | 24 CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | TD <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUITO, M.C. | 32 NAME | |
| STREET ADDRESS | 1628 THIRD AVE NORTH | 33 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 | 34 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WATSON, RON | 42 NAME | |
| STREET ADDRESS | RT 1 BOX 577 | 43 STREET ADDRESS | |
| CITY-ST-ZIP | MT. CLARE, WV 26408 | 44 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIVEC, PAUL | 52 NAME | |
| STREET ADDRESS | 4206 ORIOLE AVE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32127 | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I 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 in an attachment with an address, with all other like empowered.

[Signature] **M.C. HUITO** **3-15-99** **904-246-7369**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)