


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 05, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N45209 1. Entity Name SOUTH ATLANTIC LIFESAVING ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 50954 JACKSONVILLE BEACH, FL 32240-0954 US	Mailing Address P.O. BOX 50954 JACKSONVILLE BEACH, FL 32240-0954 US
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01032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3089517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

HUTTO, M C  
1628 THIRD AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSLER, MICHAEL 2052 SO. PENINSULA DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWIE, NIKKI 861 RIVERLAND DR. CHARLESTON, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUTTO, M.C. 1628 THIRD AVENUE NORTH JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWEAT, KEVIN 440 SO. BEACH STREET DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIVEC, PAUL 4206 ORIOLE AVE DAYTONA BEACH, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000378408  
01/09/06-80004-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** M. C. Hutto M.C. HUTTO 1-3-06 904-241-1565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #