FILE NOW: FILING FEE IS $61.25

FILED
Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **770082** **(6)**

1. Corporation Name

SUNSHINE CHAPTER, NATIONAL SAFETY COUNCIL, INC.

Principal Place of Business	Mailing Address
150 NO BEACH STR DAYTONA BCH FL 32114 US	150 NO BEACH STR DAYTONA BCH FL 32114-3308 US

3. Date Incorporated or Qualified: **09/01/1983**
3a. Date of Last Report: **03/04/1996**

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

4. FEI Number: **59-2372470** ☐ 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

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

MOUNTCASTLE, ARTHUR
150 N. BEACH STREET
DAYTONA BEACH FL 32114

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DVC	☒ Change ☐ Addition
NAME	LOUTHIAN, GIL		1.2 NAME		
STREET ADDRESS	121 SW PORT ST LUCIE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		1.4 CITY-ST-ZIP		
TITLE	DVC	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	DEVLIN, HENRY		2.2 NAME	Harold Von Nieda	
STREET ADDRESS	422 S.E. WALLACE TERRACE		2.3 STREET ADDRESS	100 S. Ridgewood Ave.	
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP	Edgewater, Fl 32132	
TITLE	DT	☒ DELETE	3.1 TITLE	DT	☐ Change ☒ Addition
NAME	GREENE, BARBARA		3.2 NAME	Linda Crisp	
STREET ADDRESS	39 TWIN RIVER DR		3.3 STREET ADDRESS	P. O. Box 10809	
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP	Daytona Beach, Fl 32120 (N/A)	
TITLE	DC	☒ DELETE	4.1 TITLE	DC	☐ Change ☒ Addition
NAME	SPRADLIN, EVENDER		4.2 NAME	David Carter	
STREET ADDRESS	874 CHIKADEE DRIVE		4.3 STREET ADDRESS	444 Seabreeze Blvd,	
CITY-ST-ZIP	PORT ORANGE FL		4.4 CITY-ST-ZIP	Daytona Beach, Fl 32114	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRIESE, JUDGE S		5.2 NAME		
STREET ADDRESS	251 N RIDGEWOOD AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOUNTCASTLE, ARTHUR, M.		6.2 NAME		
STREET ADDRESS	1341 GOLFVIEW DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 on an attachment with an address

SIGNATURE: _____ Arthur M. Mountcastle, CEO 02/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0001988