

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90071 028 \*\*\*\*70.00

**DOCUMENT # 770082**

1. Entity Name

SUNSHINE SAFETY COUNCIL, INC.



Principal Place of Business

150 NO BEACH STR  
DAYTONA BCH FL 32114  
US

Mailing Address

150 NO BEACH STR  
DAYTONA BCH FL 32114  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2372470

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$64.25 70.00**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VC ☐ Delete  
NAME LEGG, AL  
STREET ADDRESS PO BOX 277  
CITY-ST-ZIP ORMOND BEACH FL 32175

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME JENNISON, DAVID  
STREET ADDRESS 1100 JIMMY ANN DR.  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME EVANS, BILL  
STREET ADDRESS 1340 RIDGEWOOD AVE.  
CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CRISP, LINDA  
STREET ADDRESS PO BOX 10809  
CITY-ST-ZIP DAYTONA BEACH FL 32120

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME OSWALD, MARLENE  
STREET ADDRESS 4200 US 1 SOUTH  
CITY-ST-ZIP EDGEWATER FL 32141

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME MOUNTCASTLE, ARTHUR, M.  
STREET ADDRESS 1341 GOLFVIEW DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Arthur M. Mountcastle*

ARTHUR M. MOUNTCASTLE

4/4/04

204-2031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #