**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**
Mar 19, 2008 8:00 am
Secretary of State
03-19-2008 90020 026 ****61.25

**DOCUMENT # 770082**

1. **Entity Name**
   SUNSHINE SAFETY COUNCIL, INC.

2. **Principal Place of Business - No P.O. Box**
   150 NO BEACH STR
   DAYTONA BCH FL 32114

3. **Mailing Address**
   150 NO BEACH STR
   DAYTONA BCH FL 32114

4. **FEI Number**
   59-2372470

5. **Certificate of Status Desired**
   [ ] $8.75 Additional Fee Required
   [ ] Not Applicable

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

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

7. **Name and Address of New Registered Agent**

   Name
   Street Address (P.O. Box Number is Not Acceptable)
   City
   FL
   Zip Code

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8. **SIGNATURE**
   [Signature]

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9. **Electronic Campaign Financing Trust Fund Contribution**
   [ ] $5.00 May Be Added to Fees

10. **OFFICERS AND DIRECTORS**

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<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY-ST-ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>GREENE, BARBARA</td>
<td>1100 W. GRANADA BLVD.</td>
<td>ORMOND BEACH FL 32174</td>
</tr>
<tr>
<td>V</td>
<td>MISKEL, JOHN</td>
<td>501 N. ORCHARD ST.</td>
<td>ORMOND BEACH FL 32174</td>
</tr>
<tr>
<td>T</td>
<td>GREENE, BARBARA</td>
<td>1100 W. GRANADA BLVD.</td>
<td>ORMOND BEACH FL 32174</td>
</tr>
<tr>
<td>D</td>
<td>BUTER, BILL</td>
<td>71 HARGROVE GRADE</td>
<td>PALM COAST FL 32137</td>
</tr>
<tr>
<td>D</td>
<td>DUMAS, DARLA</td>
<td>205 N BRIGHTON DR</td>
<td>PORT ORANGE FL 32127</td>
</tr>
<tr>
<td>S</td>
<td>MOUNTCASTLE, ARTHUR M.</td>
<td>1341 GOLFVIEW DRIVE</td>
<td>DAYTONA BEACH FL</td>
</tr>
</tbody>
</table>

11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<table>
<thead>
<tr>
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<th>NAME</th>
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12. **SIGNATURE:**

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**FILE NOW: FEE IS $61.25**
Due By May 1, 2008

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**NOTE:**
Physical Agent signature must be used with certificate.

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**DATE:**

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**I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an otherwise empowered.**

**SIGNATURE:**

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**1st MOORE CR2E037 (10/07)**