

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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**

3. Date Incorporated or Qualified **09/01/1983** 3a. Date of Last Report **02/28/1995**
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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input checked="" type="checkbox"/> DELETE
NAME	VON NIEDA, HAROLD	
STREET ADDRESS	100 S. RIDGEWOOD	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	DEVLIN, HENRY	
STREET ADDRESS	422 S.E. WALLACE TERRACE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GREENE, BARBARA	
STREET ADDRESS	39 TWIN RIVER DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SPRADLIN, EVENDER	
STREET ADDRESS	874 CHIKADEE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRIESE, JUDGE S	
STREET ADDRESS	251 N RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MOUNTCASTLE, ARTHUR, M.	
STREET ADDRESS	1341 GOLFVIEW DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gil Louthian	
1.3 STREET ADDRESS	121 S.W. Port St. Lucie Blvd.	
1.4 CITY-ST-ZIP	Port St. Lucie, FL 34984	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Mountcastle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur Mountcastle, CEO 01/18/96 (904) 258-2132

Date Daytime Phone #

CR2E037 (12/95)