

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
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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 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Gil Louthian <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 121 S.W. Port St. Lucie Blvd. Port St. Lucie, FL 34984
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* Arthur Mountcastle, CEO 01/18/96 (904) 258-2132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)