

FILE NOW: FILING FEE IS \$61.25

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**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
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DOCUMENT # 770082 (6)

1. Corporation Name
SUNSHINE CHAPTER, NATIONAL 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 32114-3308 US
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3. Date Incorporated or Qualified 09/01/1983	3a. Date of Last Report 03/04/1996
4. FEI Number 59-2372470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. State, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
Country	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. City	
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	D	<input type="checkbox"/> DELETE
NAME	LOUTHIAN, GIL	
STREET ADDRESS	121 SW PORT ST LUCIE BLVD	
CITY - ST - ZIP	PORT ST LUCIE FL	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	DEVLIN, HENRY	
STREET ADDRESS	422 S.E. WALLACE TERRACE	
CITY - ST - ZIP	PORT ST. LUCIE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, BARBARA	
STREET ADDRESS	39 TWIN RIVER DR	
CITY - ST - ZIP	ORMOND BEACH FL	
TITLE	DC	<input checked="" 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	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harold Von Niede	
2.3 STREET ADDRESS	100 S. Ridgewood Ave.	
2.4 CITY - ST - ZIP	Edgewater, Fl 32132	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Linda Crisp	
3.3 STREET ADDRESS	P. O. Box 10809	
3.4 CITY - ST - ZIP	Daytona Beach, Fl 32120 (N/A)	
4.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Carter	
4.3 STREET ADDRESS	444 Seabreeze Blvd	
4.4 CITY - ST - ZIP	Daytona Beach, Fl 32114	
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 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

CR2E037 (9/96)