


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	
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		150 NO BEACH STR DAYTONA BCH FL 32114-3308 US	
2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		30 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MOUNTCASTLE, ARTHUR 150 N. BEACH STREET DAYTONA BEACH FL 32114		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME LOUTHIAN, GIL STREET ADDRESS 121 SW PORT ST LUCIE BLVD CITY-ST-ZIP PORT ST LUCIE FL	<input type="checkbox"/> DELETE	1.1 TITLE DVC 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVC NAME DEVLIN, HENRY STREET ADDRESS 422 S.E. WALLACE TERRACE CITY-ST-ZIP PORT ST. LUCIE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME Harold Von Nieda 2.3 STREET ADDRESS 100 S. Ridgewood Ave. 2.4 CITY-ST-ZIP Edgewater, FL 32132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT NAME GREENE, BARBARA STREET ADDRESS 39 TWIN RIVER DR CITY-ST-ZIP ORMOND BEACH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DT 3.2 NAME Linda Crisp 3.3 STREET ADDRESS P. O. Box 10809 3.4 CITY-ST-ZIP Daytona Beach, FL 32120 (N/A)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DC NAME SPRADLIN, EVENDER STREET ADDRESS 874 CHIKADEE DRIVE CITY-ST-ZIP PORT ORANGE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE DC 4.2 NAME David Carter 4.3 STREET ADDRESS 444 Seabreeze Blvd 4.4 CITY-ST-ZIP Daytona Beach, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BRIESE, JUDGE S STREET ADDRESS 251 N RIDGEWOOD AVENUE CITY-ST-ZIP DAYTONA BEACH FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MOUNTCASTLE, ARTHUR, M. STREET ADDRESS 1341 GOLFVIEW DRIVE CITY-ST-ZIP DAYTONA BEACH FL	<input type="checkbox"/> DELETE	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 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	



CR2E037 (9/96)