

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US		3. Date Incorporated or Qualified 09/01/1983	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2372470 Applied For 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	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
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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	DVC	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LOUTHIAN, GIL			1.2 NAME	Benett, Russell		
STREET ADDRESS	121 SW PORT ST LUCIE BLVD			1.3 STREET ADDRESS	880 Old Mill Run		
CITY-ST-ZIP	PORT ST LUCIE FL			1.4 CITY-ST-ZIP	Ormond Beach, Fl 32174		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VON NIEDA, HAROLD			2.2 NAME	Greene, Barbara		
STREET ADDRESS	100 S. RIDGEWOOD AVE.			2.3 STREET ADDRESS	4041 S Nova Road		
CITY-ST-ZIP	EDGEWATER FL			2.4 CITY-ST-ZIP	Port Orange, Fl 32127		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CRISP, LINDA			3.2 NAME	McIntire, James		
STREET ADDRESS	P.O. BOX 10809 N/A			3.3 STREET ADDRESS	8 Riverine Drive		
CITY-ST-ZIP	DAYTONA BEACH FL			3.4 CITY-ST-ZIP	Palm Coast, Fl 32164		
TITLE	DC	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, DAVID			4.2 NAME			
STREET ADDRESS	444 SEABREEZE BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIESE, JUDGE S			5.2 NAME			
STREET ADDRESS	251 N RIDGEWOOD AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOUNTCASTLE, ARTHUR, M.			6.2 NAME			
STREET ADDRESS	1341 GOLFVIEW DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			6.4 CITY-ST-ZIP			

14. I 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 3/2/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # none

CR2E037 (10/97)