

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # 770082**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/01/1983

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

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 DVC ☐ DELETE

NAME BENETT, RUSSELL  
STREET ADDRESS 880 OLD MILL RUN  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE T ☐ DELETE

NAME GREENE, BARBARA  
STREET ADDRESS 4041 S NOVA ROAD  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D ☐ DELETE

NAME MCINTIRE, JAMES  
STREET ADDRESS 8 RIVERINE DRIVE  
CITY-ST-ZIP PALM COAST FL 32164

TITLE DC ☐ DELETE

NAME CARTER, DAVID  
STREET ADDRESS 444 SEABREEZE BLVD.  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☒ DELETE

NAME BRIESE, JUDGE S  
STREET ADDRESS 251 N RIDGEWOOD AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE S ☐ 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 ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Dennis Burgoyne  
5.3 STREET ADDRESS 400 N Clyde Morris Blvd  
5.4 CITY-ST-ZIP Daytona Beach, FL 32114

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Arthur M. Mountcastle* **Arthur M. Mountcastle, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)