

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90071 028 \*\*\*\*70.00

**DOCUMENT # 770082**

1. Entity Name

SUNSHINE 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

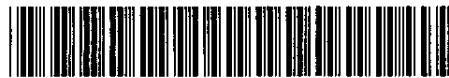
59-2372470

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

MOUNTCASTLE, ARTHUR  
 150 N. BEACH STREET  
 DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$64.25 70.00**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VC	<input type="checkbox"/> Delete
NAME	LEGG, AL	
STREET ADDRESS	PO BOX 277	
CITY-ST-ZIP	ORMOND BEACH FL 32175	
TITLE	T	<input type="checkbox"/> Delete
NAME	JENNISON, DAVID	
STREET ADDRESS	1100 JIMMY ANN DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	C	<input type="checkbox"/> Delete
NAME	EVANS, BILL	
STREET ADDRESS	1340 RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISP, LINDA	
STREET ADDRESS	PO BOX 10809	
CITY-ST-ZIP	DAYTONA BEACH FL 32120	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSWALD, MARLENE	
STREET ADDRESS	4200 US 1 SOUTH	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOUNTCASTLE, ARTHUR, M.	
STREET ADDRESS	1341 GOLFVIEW DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Arthur M. Mountcastle*

ARTHUR M. MOUNTCASTLE

4/4/04

204-2038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #