


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90048 011 ****70.00

DOCUMENT # 770082
 1. Entity Name
SUNSHINE SAFETY COUNCIL, INC.



Principal Place of Business Mailing Address
150 NO BEACH STR **150 NO BEACH STR**
DAYTONA BCH FL 32114 **DAYTONA BCH FL 32114**
US **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 Applied For
59-2372470 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** Delete
 NAME **LEGG, AL**
 STREET ADDRESS **PO BOX 277**
 CITY-ST-ZIP **ORMOND BEACH FL 32175**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VC** Delete
 NAME **JENNISON, DAVID**
 STREET ADDRESS **1100 JIMMY ANN DR.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **GREENE, BARBARA**
 STREET ADDRESS **1100 W. GRANADA BLVD**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CRISP, LINDA**
 STREET ADDRESS **PO BOX 10809**
 CITY-ST-ZIP **DAYTONA BEACH FL 32120**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **OSWALD, MARLENE**
 STREET ADDRESS **4200 US 1 SOUTH**
 CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **D** Change Addition
 NAME **DUMAS, DARLA**
 STREET ADDRESS **208 N. BRIGHTON DRIVE**
 CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **S** Delete
 NAME **MOUNTCASTLE, ARTHUR, M.**
 STREET ADDRESS **1341 GOLFVIEW DRIVE**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____