

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90015 039 ****70.00

DOCUMENT # 770082
1. Entity Name
SUNSHINE 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 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

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

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 reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	C LEGG, AL <input checked="" type="checkbox"/> Delete PO BOX 277 ORMOND BEACH FL 32175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JENNISON, DAVID <input checked="" type="checkbox"/> Delete 1100 JIMMY ANN DR. DAYTONA BEACH FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENE, BARBARA <input type="checkbox"/> Delete 1100 W. GRANADA BLVD ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISP, LINDA <input checked="" type="checkbox"/> Delete PO BOX 10809 DAYTONA BEACH FL 32120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMAS, DARLA <input type="checkbox"/> Delete 208 N BRIGHTON DR PORT ORANGE FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOUNTCASTLE, ARTHUR, M. <input type="checkbox"/> Delete 1341 GOLFVIEW DRIVE DAYTONA BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Greene, Barbara <input type="checkbox"/> Change <input type="checkbox"/> Addition 1100 W. Granada Blvd. Ormond Beach FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Miskell, John <input type="checkbox"/> Change <input type="checkbox"/> Addition 501 N. Orchard St. Ormond Beach FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fanton, Sarah <input type="checkbox"/> Change <input type="checkbox"/> Addition 1055 Saxon Blvd. Orange City FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Butler, Bill <input type="checkbox"/> Change <input type="checkbox"/> Addition 71 Hargrove Grade Palm Coast FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dumas, Darla <input type="checkbox"/> Change <input type="checkbox"/> Addition 208 N. Brighton Dr. Port Orange FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mountcastle, Arthur <input type="checkbox"/> Change <input type="checkbox"/> Addition 1341 Golfview Drive Daytona Beach FL 32114

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: _____ DATE: 1/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR