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FILED

Mar 25 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N97000005937 (4)**

1. Corporation Name

**INTERNATIONAL ASSOCIATION OF HEALTH AND SAFETY,  
INC.**

Principal Place of Business

Mailing Address

**150 N. BEACH STREET  
DAYTONA BEACH FL 32114**

**150 N. BEACH STREET  
DAYTONA BEACH FL 32114**

3. Date Incorporated or Qualified

**10/21/1997**

4. FEI Number

**59-3476948**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24**

**25**

**29**

**30**

5. Certificate of Status Desired **XX**

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOUNTCASTLE, A M  
150 N. BEACH STREET  
DAYTONA BEACH FL 32114**

**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 **PD** ☐ DELETE

NAME **VON NIEDA, HAROLD**  
STREET ADDRESS **100 S. RIDGEWOOD AVENUE**  
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **DV** ☐ DELETE

NAME **SPRADLIN, EVENDER**  
STREET ADDRESS **100 CITY CENTER CIRCLE**  
CITY-ST-ZIP **PT. ORANGE FL 32119**

TITLE **DS** ☐ DELETE

NAME **CRISP, LINDA**  
STREET ADDRESS **P.O. BOX 10809**  
CITY-ST-ZIP **DAYTONA BEACH FL 32120**

TITLE **TD** ☐ DELETE

NAME **GREENE, BARBARA**  
STREET ADDRESS **4041 S. NOVA RD.**  
CITY-ST-ZIP **PT. ORANGE FL 32127**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☒ 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 **149 S Ridgewood Avenue**  
3.4 CITY-ST-ZIP **Daytona Beach, FL 32114**

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  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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.

SIGNATURE:

**Arthur M Mountcastle, CEO 3/2/98**

CR2E037 (10/97)