

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

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90054 025 ****70.00

DOCUMENT # 752264

1. Entity Name

CAPE CORAL BMX ASSOCIATION, INC.



Principal Place of Business

140 SW 6TH PLACE
CAPE CORAL FL 33991

Mailing Address

PO BOX 4331
N FT MYERS FL 33918

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

65-0134898

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEANS, WAYNE
1902 FLAMINGO DR
N FT MYERS FL 33917

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25 + \$8.75
Due By May 1, 2004
\$70.00 TOTAL

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 P
NAME ST CHARLES, VICTORIA
STREET ADDRESS 4420 VINCENNES BLVD
CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Delete

TITLE VP
NAME SHERKER, BOB
STREET ADDRESS 904 MOHAWK PKWY
CITY-ST-ZIP CAPE CORAL FL 33914 ☒ Delete

TITLE T
NAME ADAMS, BARBARA
STREET ADDRESS 612 SW 21ST LANE
CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Delete

TITLE S
NAME BIDOUL, THERESA
STREET ADDRESS 125 SW 48TH TERR
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE D
NAME GREENWELL, DION III
STREET ADDRESS 125 SW 48TH TERR
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE D
NAME MEANS, WAYNE
STREET ADDRESS 1902 FLAMINGO DR.
CITY-ST-ZIP N FT MYERS FL 33917 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME J.A. TONY VETTER
STREET ADDRESS 117 SE 25TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Change ☐ Addition ☒ delete

TITLE President
NAME Randy Scott
STREET ADDRESS 608 SE 31ST PL.
CITY-ST-ZIP Cape Coral FL 33904 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/17/04 239-707-5126