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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 766679

(5)

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1. Corporation Name

SUNSHINE STATE BMX ASSOCIATION, INC.

Principal Place of Business

2192 D. WHITEPINE CR.
WEST PALM BEACH FL 33415

Mailing Address

2192 D. WHITEPINE CR.
WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1983

3a. Date of Last Report

03/08/1994

4. FEI Number

59-0196975

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 4741 10th Street

2a. Mailing Address

26 4741 10th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sarasota FL

City & State

28 Sarasota FL

Zip

Country

24 34232

25 USA

Zip

Country

29 34232

30 USA

9. Name and Address of Current Registered Agent

BIXLER, ALICE M.
7318 PALOMINO PL.
SARASOTA FL 34241

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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
NAME O' BRIEN, EDWIN THOMAS
STREET ADDRESS 250 FLAMINGO DR.
CITY-ST-ZIP MELBOURNE SHORES FL 32951

TITLE SD
NAME PINGOL, LAURA
STREET ADDRESS P.O. BOX 15522 N/A
CITY-ST-ZIP WEST PALM BEACH FL 33416

TITLE T
NAME PERMENTER, JAN
STREET ADDRESS 2192 D. WHITE PINE CIR
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE SRC D
NAME BIXLER, ALICE
STREET ADDRESS 7318 PALOMINO PL.
CITY-ST-ZIP SARASOTA FL

TITLE VD
NAME PERMENTER, ART
STREET ADDRESS 2192 D. WHITE PINE CIR
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President D ☒ Change ☐ Addition
1.2 NAME Art Permenter
1.3 STREET ADDRESS 1360 Rose-Ha Tr
1.4 CITY-ST-ZIP West Palm Beach, FL 33411

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Treasurer D ☒ Change ☐ Addition
3.2 NAME Kerry Slawbaugh
3.3 STREET ADDRESS 4741 10th Street
3.4 CITY-ST-ZIP Sarasota FL 34232

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Vice President D ☒ Change ☐ Addition
5.2 NAME Art Beeler
5.3 STREET ADDRESS 2511 Pine Hills Rd
5.4 CITY-ST-ZIP Orlando, FL 32808

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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: Alice Bixler Alice Bixler

3-1-95 813-3653443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone