

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **766679** (5)

1. Corporation Name

SUNSHINE STATE BMX ASSOCIATION, INC.



Principal Place of Business

**4741 10TH STREET
SARASOTA FL 34232
US**

Mailing Address

**4741 10TH STREET
SARASOTA FL 34232
US**

3. Date Incorporated or Qualified
01/24/1983

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **PERMENTER, ART**
STREET ADDRESS **1360 ROSETTA TR**
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

TITLE **TD** ☒ DELETE
NAME **SLAUBAUGH, KERRY**
STREET ADDRESS **4741 10TH STREET**
CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **JAN PERMENTER**
3.3 STREET ADDRESS **1360 ROSETTA TRAIL**
3.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **SRCD** ☐ DELETE
NAME **BIXLER, ALICE**
STREET ADDRESS **7318 PALOMINO PL.**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **VPD** ☒ DELETE
NAME **BEELER, ART**
STREET ADDRESS **3511 PINE HILLS RD**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **RICK DUBAUILLER**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **CAPE CORAL, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 119.07(3)(k), 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: *Jan Permenter, JAN PERMENTER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/96 407-791-2610

Date

Daytime Phone #

CR2E037 (12/95)