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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766679** (5)

1. Corporation Name

SUNSHINE STATE BMX ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4741 10TH STREET
SARASOTA FL 34232
US4741 10TH STREET
SARASOTA FL 34232-1805
US3. Date Incorporated or Qualified
01/24/19833a. Date of Last Report
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 **C/O JAN PERMENTER**26 **C/O JAN PERMENTER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1360 ROSETTA TRAIL**27 **1360 ROSETTA TRAIL**

City & State

City & State

23 **WEST PALM BEACH, FL**28 **WEST PALM BEACH, FL**

Zip

Country

Zip

Country

24 **33411**

25

29 **33411**

30

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	<input type="checkbox"/> DELETE
NAME	PERMENTER, ART	
STREET ADDRESS	1360 ROSETTA TR	
CITY-ST-ZIP	WEST PALM BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PINGOL, LAURA	
STREET ADDRESS	P.O. BOX 15522 N/A	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	PINGOL, LAURA
2.4 CITY-ST-ZIP	7805 PENWOOD COURT LAKE WORTH, FL 33467

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PERMENTER, JAN	
STREET ADDRESS	1360 ROSETTA TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	SRCD	<input type="checkbox"/> DELETE
NAME	BIXLER, ALICE	
STREET ADDRESS	7318 PALOMINO PL.	
CITY-ST-ZIP	SARASOTA FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DUBRUELLER, RICK	
STREET ADDRESS	3511 PINE HILLS RD	
CITY-ST-ZIP	CAPE CORAL FL	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VPD
5.3 STREET ADDRESS	JOHN PINGOL
5.4 CITY-ST-ZIP	7805 PENWOOD COURT LAKE WORTH, FL 33467

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Jan Permenter* **JAN PERMENTER**

2/7/97 561-791-2610

Date

Daytime Phone # 0062016

CR2E037 (9/96)