

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
C/O JAN PERMENTER 1360 ROSETTA TRAIL WEST PALM BCH FL 33411 US		C/O JAN PERMENTER 1360 ROSETTA TRAIL WEST PALM BCH FL 33411 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	01/24/1983	
Suite, Apt. #, etc.		4. FEI Number	Applied For
22	27	59-0196975	Not Applicable
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	☐	
Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	Trust Fund Contribution	☐
		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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PERMENTER, ART	1.1 TITLE	☐ Change ☐ Addition
NAME	1360 ROSETTA TR	1.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD PINGOL, LAURA	2.1 TITLE	☐ Change ☐ Addition
NAME	7805 PENWOOD CT	2.2 NAME	
STREET ADDRESS	LAKEWORTH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD PERMENTER, JAN	3.1 TITLE	☐ Change ☐ Addition
NAME	1360 ROSETTA TRAIL	3.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SRCD BIXLER, ALICE	4.1 TITLE	☐ Change ☐ Addition
NAME	7318 PALOMINO PL.	4.2 NAME	
STREET ADDRESS	SARASOTA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VPD JOHN PINGOL	5.1 TITLE	☐ Change ☐ Addition
NAME	7805 PENWOOD CT	5.2 NAME	
STREET ADDRESS	LAKE WORTH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____

REQUIRED

1/12/98

561-791-2610.

CR2E037 (10/97)