

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766679

FILED  
Mar 04, 2007  
Secretary of State

**Entity Name:** SUNSHINE STATE BMX ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BECKY SZASZ  
231 E LAKESHORE DR  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BECKY SZASZ  
231 E LAKESHORE DR  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

**FEI Number:** 59-0196975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PINGOL, JOHN  
Address: 7805 PENWOOD CT  
City-St-Zip: LAKE WORTH, FL

Title: SD ( ) Delete  
Name: PINGOL, LAURA,  
Address: 7805 PENWOOD CT  
City-St-Zip: LAKEWORTH, FL

Title: T ( ) Delete  
Name: SZASZ, BECKY  
Address: 231 E LAKESHORE DR  
City-St-Zip: KISSIMMEE, FL 34744

Title: SRCD ( ) Delete  
Name: BIXLER, ALICE,  
Address: 7318 PALOMINO PL.  
City-St-Zip: SARASOTA, FL

Title: V ( ) Delete  
Name: SZASZ, JAMES  
Address: 231 E LAKESHORE BLVD  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA SZASZ

TREA

03/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date