
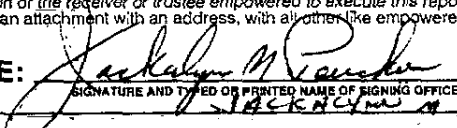


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002513		
1. Entity Name SUNSHINE STATE CARNIVAL GLASS ASSOCIATION, INC.		
Principal Place of Business 9087 BAYWOOD PARK DR SEMINOLE, FL 33777	Mailing Address 9087 BAYWOOD PARK DR SEMINOLE, FL 33777	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent POUCHER, JACKALYNN M 9087 BAYWOOD PARK DR SEMINOLE, FL 33777		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY ST ZIP	P BEKEMEIER, PAUL 486 SW 33RD AVE VERO BEACH, FL 32968	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP POUCHER, C. RANDY 9087 BAYWOOD PK DR. SEMINOLE, FL 33777	
TITLE NAME STREET ADDRESS CITY ST ZIP	DS POUCHER, JACKIE 9087 BAYWOOD PARK DR. SEMINOLE, FL 33777	
TITLE NAME STREET ADDRESS CITY ST ZIP	DT NIELSEN, JOHN 2011 S.W. OAK RIDGE ROAD PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-31-05 <small>Date</small> <small>Daytime Phone #</small>



03252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0831311

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U000000296120
04/09/05-80056-008 61.25

**DO NOT WRITE
IN THIS SPACE**