

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002513

FILED
Apr 09, 2008
Secretary of State

Entity Name: SUNSHINE STATE CARNIVAL GLASS ASSOCIATION, INC.

Current Principal Place of Business:

9087 BAYWOOD PARK DR
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

9087 BAYWOOD PARK DR
SEMINOLE, FL 33777

New Mailing Address:

FEI Number: 65-0831311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POUCHER, JACKALYNN M
9087 BAYWOOD PARK DR
SEMINOLE, FL 33777 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: BEKEMEIER, PAUL
Address: 486 SW 33RD AVE
City-St-Zip: VERO BEACH, FL 32968

Title: VP () Delete
Name: BOYD, JIM
Address: 110 12TH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: DS () Delete
Name: POUCHER, JACKIE
Address: 9087 BAYWOOD PARK DR.
City-St-Zip: SEMINOLE, FL 33777

Title: DT () Delete
Name: NIELSEN, JOHN
Address: 2011 S.W. OAK RIDGE ROAD
City-St-Zip: PALM CITY, FL 34990

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:

I hereby certify that the information supplied with this filing does not qualify 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: JACKALYNN POUCHER

DS

04/09/2008

Electronic Signature of Signing Officer or Director

Date