

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90215 014 ****61.25

DOCUMENT # N98000003142

1. Entity Name
**SUNSHINE STATE (BCA) POCKET BILLIARDS,
ASSOCIATION, INC.**



Principal Place of Business
**BAKER'S BILLIARDS & SPORTS LOUNGE
1811 N. TAMPA STREET
TAMPA, FL 33602**

Mailing Address
**BAKER'S BILLIARDS & SPORTS LOUNGE
1811 N. TAMPA STREET
TAMPA, FL 33602**

14010005



04232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3574521

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORITO, ROLAND JR
1811 N. TAMPA STREET
TAMPA, FL 33602**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORITO, ROLAND JR
STREET ADDRESS	1811 N. TAMPA STREET
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	STEWART, JUSTINE
STREET ADDRESS	1811 N. TAMPA STREET
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	PESOLA, BARBARA
STREET ADDRESS	1811 N. TAMPA STREET
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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: R. Morito Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04

813-263-4144