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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733903 (9)

1. Corporation Name

**SARASOTA-MANATEE BICYCLE CLUB, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P. O. BOX 15053<br>SARASOTA FL 34277 | P. O. BOX 15053<br>SARASOTA FL 34277-1053 |

3. Date Incorporated or Qualified: 09/24/1975
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2500029 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

SPIVEY, BARRRY F
1549 RINGLING BLVD.
SUITE 600
SARASOTA FL 34230

**10. Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | VP | ☐ Change ☒ Addition |
| NAME | ALLRED, CRYSTAL | | 1.2 NAME | KERCHEVAL, RALPH | |
| STREET ADDRESS | 5920 36TH STREET, W | | 1.3 STREET ADDRESS | 1906 OAKVIEW DRIVE | |
| CITY-ST-ZIP | BRADENTON FL | | 1.4 CITY-ST-ZIP | SARASOTA, FL 34232 | |
| TITLE | VD | ☒ DELETE | 2.1 TITLE | DIRECTOR | ☒ Change ☐ Addition |
| NAME | DASHER, PHILLIP | | 2.2 NAME | DUNCAN, MARION | |
| STREET ADDRESS | 926 BOULEVARD OF THE ARTS | | 2.3 STREET ADDRESS | 926 BLVD. OF THE ARTS | |
| CITY-ST-ZIP | SARASOTA FL | | 2.4 CITY-ST-ZIP | SARASOTA, FL | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | TREASURER/DIRECTOR | ☒ Change ☐ Addition |
| NAME | DUNCAN, MARION | | 3.2 NAME | HEINRICH, NANCY | |
| STREET ADDRESS | 926 BOULEVARD OF THE ARTS | | 3.3 STREET ADDRESS | 3717 DELTA STREET | |
| CITY-ST-ZIP | SARASOTA FL | | 3.4 CITY-ST-ZIP | SARASOTA, FL 34232 | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | PRESIDENT/DIRECTOR | ☒ Change ☐ Addition |
| NAME | HEINRICH, NANCY | | 4.2 NAME | ALLRED, CRYSTAL | |
| STREET ADDRESS | 3529A CHESHIRE SQUARE | | 4.3 STREET ADDRESS | 5181 DESOTO PKWY | |
| CITY-ST-ZIP | SARASOTA FL | | 4.4 CITY-ST-ZIP | SARASOTA, FL 34234 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | SECRETARY/DIRECTOR | ☒ Change ☐ Addition |
| NAME | HURLEY, RANDY | | 5.2 NAME | MOUNT, ROSIE | |
| STREET ADDRESS | 805 ACADIA ROAD | | 5.3 STREET ADDRESS | 1308 WESTPORT LANE | |
| CITY-ST-ZIP | VENICE FL | | 5.4 CITY-ST-ZIP | SARASOTA, FL 34232 | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | DIRECTOR | ☐ Change ☒ Addition |
| NAME | MOUNT, ROSIE | | 6.2 NAME | POWERS MIKE | |
| STREET ADDRESS | 1308 WESTPORT LANE | | 6.3 STREET ADDRESS | 1744 IRVING STREET | |
| CITY-ST-ZIP | SARASOTA FL | | 6.4 CITY-ST-ZIP | SARASOTA, FL 34236 | |

CR2E037 (9/96)

14. I do 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: [illegible] (