## FILE NOW: FILING FEE IS \$61.25 >

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # 733903 (9)				
SARASOTA-MANATEE BICYCLE CLUB, INC.				
יאוואל	YOTA MANALE DIOTOLL V	LUDI IIIU:		J JARNI JARAR JIJER JIJIR JANIR SANAR JIJI BIRIN RIBIN BIRIN BIRIN BIRIN BIRIN BIRIN BIRIN BIRIN BIRIN (RB)
Principal Place of Business Mailing Address				
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P. O. BOX 15053 P. O. BOX 15053 P. O. BOX 15053 SARASOTA FL 34277				3. Date incorporated or Qualified
				<b>09/24/1975 4.</b> FEI Number   Applied For
				59-2500029 Not Applicable
<u> </u>		2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
21 Suite Ant	21 28 Suite, Apt. #, etc. Suite, Apt. #, e		<u> </u>	Fee Required
22	27			B. Election Campaign Financing     Trust Fund Contribution     Added to Fees
City & Star	City & State City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Country	<b>28</b> ] Zip	Country	☐ Yes ☐ No
24	25	<b>⊢</b> `	30	This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.  Yes No
	9. Name and Address of Currer			10. Name and Address of New Registered Agent
1 Name Ken Bachman				
SPIVEY, BARRRY F				Address (P.O. Box Number Is Not Acceptable)
1549 RINGUING BLVD.   12.4   SUITE 600   83   2.4				54 Fort Crisp Road
SARASOTA FL 34230				
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				
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	Signature, typed or printed name of registered age		: Registered Agent signature	
12.		D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition
TITLE NAME	PD ALLRED, CRYSTAL	(25) DELETE	1.1 TITLE 1.2 NAME	
STREET ADDRESS	5920 36TH STREET, W		1.3 STREET ADDRESS	1054 Part CIM 10000
CITY-ST-ZIP	BRADENTON FL		1.4 CITY - ST - ZIP	Soresote, FG 34242
TITLE	D	DELETE	2.1 TITLE	Change Addition
NAME	DUNCAN, MARION  \$26 BLVD OF THE ARTS		2.2 NAME	PoBox 814 (N/A)
STREET ADDRESS CITY-ST-ZIP	SARASOTA FL		2.3 STREET ADDRESS 2.4 City-St-Zip	Anna Maria FC 34216 1
TITLE	\$50	DELETE	3.1 TITLE	VPD Change WAddition
NAME	DUNCAN, MARION	,	3.2 NAME	Cadwell Robert
STREET ADDRESS	, 420 0000000000000000000000000000000000	πs	3.3 STREET ADDRESS	1667 a schooler by conde 1/1/1/1
CITY-ST-ZIP	SARASOTA FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Servicity, FC 34231.  Di Change (1) Addition
NAME	HEINRICH, NANCY	y Dittie	4. 2 NAME	14000
STREET ADDRESS			4.3 STREET ADDRESS	1697 MULLER VILLEY IVELL
CITY-ST-ZIP	SARASOTA FL		4.4 CITY+ST-ZiP	Sarciota te sacal Dimilia
TITLE	D DANNEY DANNEY	> DELETE	6.1 TATLE	T D Change Addition
NAME	HURLEY, RANDY		5.2 NAME	288 Coolden Cake fount #5
STREET ADORESS CITY-ST-ZIP	805 ACADIA ROAD VENICE FL		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Sangeta, DC 34246
TITLE	0.5	DELETE	6.1 TITLE	Change Addition
NAME	MOUNT, ROSIE		6.2 NAME	Lindquist, Jo Jo
STREET ADDRESS	1908 WESTPORT LANE	Source Base	6.3 STREET ADDRESS	56/8 Corekwood Pople

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 13 if changed, or on an attachment with an address.

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1/30/68 941-366-0815

Jul 22 1998 8:00am

Secretary of State