


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90038 038 ****61.25

DOCUMENT # N02000004063

1. Entity Name
PALM BEACH MOUNTAIN BIKE ASSOCIATION INC.



Principal Place of Business Mailing Address
P.O. BOX 428 **P.O. BOX 428**
PALM BEACH FL 33480 **PALM BEACH FL 33480**

94060113



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
82-0546355 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

KUHARCIK, JOSEPH
1211 THE PLAZA
SINGER ISLAND FL 33404-4740

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	PDCO	<input type="checkbox"/> Delete
NAME	GALLANT, RICHARD	
STREET ADDRESS	110 WEST 23RD STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404-5522	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTERWORTH, TOBY	
STREET ADDRESS	7795 GRISWOLD ST	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SUTTON, SCOTT	
STREET ADDRESS	605 SIXTH WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	Pres. Director, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gallant Richard	
STREET ADDRESS	4166 Caesar Circle	
CITY-ST-ZIP	Greenacres, FL. 33463	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Butterworth, Toby	
STREET ADDRESS	7795 Griswold St	
CITY-ST-ZIP	Lakeworth, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2004 **561 7075973**
 Date Daytime Phone #