

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000103

**Entity Name:** TALLAHASSEE CYCLING, INC.

**Current Principal Place of Business:**

4044 SHADY VIEW LN  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

PO BOX 4222  
TALLAHASSEE, FL 32315

**FEI Number:** 20-0663058

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOLDBERG, STUART E  
2039 CENTRE POINTE BLVD  
SUITE 201  
TALLAHASSEE, FL 32308 US

*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

**Officer/Director Detail :**

Title P  
Name IRWIN, BRADY  
Address P.O. BOX 4222  
City-State-Zip: TALLAHASSEE FL 32315

Title VP  
Name MICHAEL, YAUN  
Address PO BOX 4222  
City-State-Zip: TALLAHASSEE FL 32315

Title T  
Name BEACHER, KELLY  
Address PO BOX 4222  
City-State-Zip: TALLAHASSEE FL 32315

Title S  
Name REW, KRISTEN  
Address PO BOX 4222  
City-State-Zip: TALLAHASSEE FL 32315

*I hereby 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 all other like empowered.*

**SIGNATURE:** KELLY BEACHER

**TREASURER**

**04/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date