

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009353

Entity Name: BIKE/WALK CENTRAL FLORIDA, INC.

Current Principal Place of Business:

501 S NEW YORK AVE SUITE 200
WINTER PARK, FL 32789

Current Mailing Address:

501 S NEW YORK AVE SUITE 200
WINTER PARK, FL 32789 US

FEI Number: 46-1958502

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOWNING, HAROLD L
501 S NEW YORK AVE SUITE 220
WINTER PARK, FL 32789 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 DIRECTOR
Name CHAPIN, LINDA
Address 501 S NEW YORK AVE SUITE 220
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name DOWNING, HAROLD
Address 501 S NEW YORK AVE SUITE 220
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name MAGRUDER, BROCK
Address 501 S NEW YORK AVE SUITE 220
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name KRZEMINSKI, JAMIE
Address 501 S NEW YORK AVE SUITE 220
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name HATTAWAY, BILLY
Address 501 S NEW YORK AVE SUITE 220
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name OVERFIELD, DAVID
Address 501 S NEW YORK AVE SUITE 220
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name HARRIS, ELIZA
Address 501 S NEW YORK AVE SUITE 200
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name GELLER, RICK
Address 501 S NEW YORK AVE SUITE 200
City-State-Zip: WINTER PARK FL 32789

Continues on page 2

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: HAROLD L DOWNING

DIRECTOR

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PORTELLI, LISA
Address 501 S NEW YORK AVE SUITE 200
City-State-Zip: WINTER PARK FL 32789