

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000005744

Entity Name: AMERICAN BICYCLING EDUCATION ASSOCIATION, INC.**Current Principal Place of Business:**1529 CORKERY COURT
WINTER SPRINGS, FL 32708**Current Mailing Address:**P.O. BOX 195023
WINTER SPRINGS, FL 32719 US**FEI Number:** 47-1160896**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SCEARCE, KENNETH
1000 LEGION PLACE
SUITE 107
ORLANDO, FL 32801 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:** KENNETH SCEARCE

02/01/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name PROFETA, RANDOLPH
Address 1 SHARPSBURG
City-State-Zip: IRVINE CA 92620

Title D
Name KARABELL, KAREN
Address 4147 WEST PINE BLVD
City-State-Zip: ST. LUIS MO 63108

Title SECRETARY
Name DAMON, ELI
Address 14 WARD AVENUE #B
City-State-Zip: EASTHAMPTON MA 01027

Title VP
Name LIERMAN, BRUCE
Address PO BOX 422
City-State-Zip: NORTH BENNINGTON VT 05257

Title PRESIDENT
Name BURNS, MICHAEL
Address 543 COVENTRY LANE
City-State-Zip: WEST CHESTER PA 19382

Title PROGRAM DIRECTOR
Name CAFFREY, KERI
Address 1529 ILLINOIS ST
City-State-Zip: ORLANDO FL 32803

Title ADMINISTRATIVE DIRECTOR
Name EMERSON, MONIKA
Address P.O. BOX 195023
City-State-Zip: WINTER SPRINGS FL 32719

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: MONIKA EMERSON**ADMINISTRATIVE
DIRECTOR**

02/01/2023

Electronic Signature of Signing Officer/Director Detail

Date