

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010229

**Entity Name:** OCALA CYCLING CLUB, INC.

**Current Principal Place of Business:**

4505 SE 15TH STREET  
OCALA, FL 34471

**Current Mailing Address:**

P.O. BOX 2231  
SILVERS SPRINGS,, FL 34489

**FEI Number:** 47-2682354

**Certificate of Status Desired:** No

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

COOPER, MICHAEL J  
321 NW 3RD AVENUE  
OCALA, FL 34475 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 DOSH, RUSTY  
Address 4505 SE 15TH STREET  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name HIGGINS, BOB  
Address 4817 SE 35TH AVENUE  
City-State-Zip: OCALA FL 34480

Title DIRECTOR  
Name GALLOWAY, NOLAN  
Address 115 SE 34 STREET  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name VERRANDEAUX, MARY  
Address 4817 SE 35TH AVENUE  
City-State-Zip: OCALA FL 34480

*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:** RUSTY DOSH

**DIRECTOR**

**04/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date