

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000011764

Entity Name: BIKE WALK INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

1994 6TH AVENUE, SE
VERO BEACH, FL 32962

Current Mailing Address:

1994 6TH AVENUE, SE
VERO BEACH, FL 32962

FEI Number: 81-0947771

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AARON, LAURA G
1994 6TH AVENUE, SE
VERO BEACH, FL 32962 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 CHAIRMAN
Name AARON, HUGH
Address 1994 6TH AVENUE, SE
City-State-Zip: VERO BEACH FL 32962

Title SECRETARY
Name AARON, LAURA
Address 1994 6TH AVENUE, SE
City-State-Zip: VERO BEACH FL 32962

Title D
Name ALLEN, MALCOLM
Address 1175 COMMERCE AVE
City-State-Zip: VERO BEACH FL 32960

Title VICE CHAIR
Name BANOVA, AMY
Address 2975 TWENTIETH STREET
City-State-Zip: VERO BEACH FL 32960

Title D
Name DIESEL, TAD
Address 950 45TH DRIVE SW
City-State-Zip: VERO BEACH FL 32969

Title D
Name EDERER, DAVID
Address 9086 CASTLE HARBOUR CIRCLE
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name FLOYD, TEDDY
Address INDIAN RIVER COUNTY SHERIFF'S OFFICE
4055 41ST AVE
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name GOULD, VICKY
Address 1901 23RD AVE
City-State-Zip: VERO BEACH FL 32960

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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: LAURA G. AARON

SECRETARY/ DIRECTOR 02/16/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HEDENSTROM, TODD
Address 133 DEVONWOOD WAY
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name LAPOINT, SHARON
Address 5225 EAST HARBOR VILLAGE DR, APT. 104
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR
Name MAHONEY, DON
Address 5151 FORMOSA CIRCLE
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR
Name NEBENFUHR, PETER
Address 2046 TREASURE COAST PLZ #304
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name NESPER, BILL
Address 3095 S WOODROW ST.
City-State-Zip: ARLINGTON VA 22206

Title DIRECTOR
Name WOOLFORK, FREDDIE
Address GIFFORD YOUTH ACHIEVEMENT CENTER, INC.
4875 43RD AVENUE
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR
Name PIPER, JAKE
Address 5190 FORMOSA CIRCLE
City-State-Zip: VERO BEACH FL 32967

Title TREASURER
Name PRICE, JULIANNE
Address 2179 10TH AVE
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name PRISCO, GERI
Address 338 LEXINGTON AVE SW
City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR
Name SOBCZAK, ANDY
Address 1801 27TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name WILLIAMS, JIM
Address 376 SEBASTIAN CROSSINGS BLVD
City-State-Zip: SEBASTIAN FL 32958