

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712557 (8)

1. Corporation Name
DR. PAUL DUDLEY WHITE NATIONAL BICYCLING FOUNDATION, INC.



Principal Place of Business: 24 N.E. 12 STREET HOMESTEAD FL 33030
Mailing Address: 24 N.E. 12 STREET HOMESTEAD FL 33030

3. Date Incorporated or Qualified: 04/07/1967
3a. Date of Last Report: 03/24/1995
4. FEI Number: 23-7065328
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 25
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 29
25. Country: 30

9. Name and Address of Current Registered Agent
**CAMPBELL, RUTH
24 N.E. 12 STREET
HOMESTEAD, FL
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICHTER, NADINE	1.2 NAME	
STREET ADDRESS	431 GLENWOOD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHEZZI, EDWARD M.	2.2 NAME	
STREET ADDRESS	9595 N. KENDALL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMA FL 33176	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, SALLY	3.2 NAME	
STREET ADDRESS	15000 S.W. 296 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, RUTH	4.2 NAME	
STREET ADDRESS	24 N.E. 12 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELL, THOMAS DR.	5.2 NAME	
STREET ADDRESS	18570 S.W. 294TH TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWALM, TOWNSEND E.	6.2 NAME	
STREET ADDRESS	1252 S.W. 99TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth L. Campbell 19 April '96 247-6628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)