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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
24 N.E. 12 STREET HOMESTEAD FL 33030 24 N.E. 12 STREET HOMESTEAD FL 33030-4618

3. Date Incorporated or Qualified 04/07/1967 3a. Date of Last Report 04/25/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	23-7065328	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	Zip	<input type="checkbox"/>	
23	Country	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	25	29	<input type="checkbox"/>	
24	25	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FICHTER, NADINE	
STREET ADDRESS	431 GLENWOOD RD	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GHEZZI, EDWARD M.	
STREET ADDRESS	9595 N. KENDALL DRIVE	
CITY-ST-ZIP	MIAMA FL 33176	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WOODS, SALLY	
STREET ADDRESS	15000 S.W. 296 ST.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, RUTH	
STREET ADDRESS	24 N.E. 12 ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORNELL, THOMAS DR.	
STREET ADDRESS	18570 S.W. 294TH TERR.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SWALM, TOWNSEND E.	
STREET ADDRESS	1252 S.W. 99TH AVE.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sally A. Woods* Sally A. Woods 3/10/97 (305) 247-1801 x166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024120

CR2E037 (9/96)