

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90010 011 ****61.25

000666

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 712557

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

04/07/1967

4. FEI Number

23-7065328

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WOODS, SALLY
 15000 SW 296 STREET
 HOMESTEAD FL 33033

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 33033	
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 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, with all other like empowered.

SIGNATURE: *Sally Woods* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 1999 (305) 247-1801 x166

Date Daytime Phone #

CR2E037 (11/98)