

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State



DOCUMENT # 712557 1. Entry Name DR. PAUL DUDLEY WHITE NATIONAL BICYCLING FOUNDATION, INC.			
Principal Place of Business 431 GLENWOOD ROAD DELAND FL 32720		Mailing Address 431 GLENWOOD ROAD DELAND FL 32720	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOODS, SALLY C/O CITY OF HOMESTEAD 790 N HOMESTEAD HOMESTEAD FL 33030		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Sally Woods</u> <small>Signature typed or printed name of registered agent and title if applicable</small>		DATE <u>1/26/2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P FICHTER, NADINE	<input type="checkbox"/> Delete	
STREET ADDRESS	431 GLENWOOD RD		
CITY - ST - ZIP	DELAND FL 32720		
TITLE	D GHEZZI, EDWARD M.	<input type="checkbox"/> Delete	
STREET ADDRESS	9595 N. KENDALL DRIVE		
CITY - ST - ZIP	MIAMA FL 33176		
TITLE	SD WOODS, SALLY	<input type="checkbox"/> Delete	
STREET ADDRESS	15000 S.W. 296 ST.		
CITY - ST - ZIP	HOMESTEAD FL 33033		
TITLE	TD CAMPBELL, RUTH	<input type="checkbox"/> Delete	
STREET ADDRESS	24 N.E. 12 ST.		
CITY - ST - ZIP	HOMESTEAD FL		
TITLE	D BIGGAR, GORDON M	<input type="checkbox"/> Delete	
STREET ADDRESS	6050 S.W. 116 ST.		
CITY - ST - ZIP	MIAMI FL 33156		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nadine Fichter Pres. **NADINE FICHTER** 1/26/2006 386-738-5611