

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 712557**

1. Entity Name

**DR. PAUL DUDLEY WHITE NATIONAL BICYCLING  
FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**431 GLENWOOD ROAD  
DELAND FL 32720**

**431 GLENWOOD ROAD  
DELAND FL 32720**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/06)

4. FEI Number

**23-7065328**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

*Sally Woods* **Sally Woods**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/2/07**  
DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>FICHTER, NADINE</b>	
STREET ADDRESS	<b>431 GLENWOOD RD</b>	
CITY-STATE-ZIP	<b>DELAND FL 32720</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GHEZZI, EDWARD M.</b>	
STREET ADDRESS	<b>9595 N. KENDALL DRIVE</b>	
CITY-STATE-ZIP	<b>MIAMA FL 33176</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>WOODS, SALLY</b>	
STREET ADDRESS	<b>15000 S.W. 296 ST.</b>	
CITY-STATE-ZIP	<b>HOMESTEAD FL 33033</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, RUTH</b>	
STREET ADDRESS	<b>24 N.E. 12 ST.</b>	
CITY-STATE-ZIP	<b>HOMESTEAD FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BIGGAR, GORDON M</b>	
STREET ADDRESS	<b>6050 S.W. 116 ST.</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33156</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 NADINE FICHTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**386-738-5611**