

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712557

FILED
Apr 25, 2009
Secretary of State

Entity Name: DR. PAUL DUDLEY WHITE NATIONAL BICYCLING FOUNDATION, INC.

Current Principal Place of Business:

431 GLENWOOD ROAD
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

431 GLENWOOD ROAD
DELAND, FL 32720

New Mailing Address:

FEI Number: 23-7065328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, SALLY
C/O CITY OF HOMESTEAD
790 N HOMESTEAD
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FICHTER, NADINE
Address: 431 GLENWOOD RD
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: GHEZZI, EDWARD M.
Address: 9595 N. KENDALL DRIVE
City-St-Zip: MIAMA, FL 33176

Title: SD () Delete
Name: WOODS, SALLY
Address: 15000 S.W. 296 ST.
City-St-Zip: HOMESTEAD, FL 33033

Title: TD () Delete
Name: CAMPBELL, RUTH
Address: 24 N.E. 12 ST.
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: BIGGAR, GORDON M
Address: 6050 S.W. 116 ST.
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY WOODS

S

04/25/2009

Electronic Signature of Signing Officer or Director

Date