

# 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