

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 712557

**FILED**  
**May 11, 2011**  
**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:** SALLY WOODS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** SALLY WOODS

SD

05/11/2011

Electronic Signature of Signing Officer or Director

Date