

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

'95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720650 (1)
1. Corporation Name
ST. PETERSBURG BICYCLE CLUB, INCORPORATED

Principal Place of Business Mailing Address
P.O. BOX 76023 P.O. BOX 76023
ST PETERSBURG FL 33734 ST PETERSBURG FL 33734
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/02/1971** 3a. Date of Last Report **01/31/1994**
4. FEI Number **59-2454681** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
STEVENSON, THOMAS G., JR.
3201 1/2 30TH ST. N.
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent
81 Name **Chris W. Pedersen**
82 Street Address (P.O. Box Number is Not Acceptable) **11651 - 8th Lane N. #4**
83
84 City **St. Petersburg** FL 85 Zip Code **33716**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Chris W. Pedersen* **Chris W. Pedersen** DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY ST ZIP
P HANBURY, WILLIAM 9715 HARROLD AVE., #22 TREASURE ISLAND FL
VP WILLIFORD, JIM 2848 PINE CONE CIR. CLEARWATER FL
T QUINN, CATHERINE 425 79 ST. S. ST. PETERSBURG FL
D DJREN, STEVE 595 9 AVE. NE, #8 ST. PETERSBURG FL
D DYKES, RAYMOND E. 8578 91 ST. N. SEMNOLE FL
D PHILLIPS, MARK 2871 BROOKFIELD DR. LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE P Change Addition
12 NAME **Joc Lindquist**
13 STREET ADDRESS **6795 14th St. S.**
14 CITY ST ZIP **St. Petersburg, FL 33705**
21 TITLE VP Change Addition
22 NAME **Bob Roth**
23 STREET ADDRESS **6950 14th Ave. N.**
24 CITY ST ZIP **St. Petersburg, FL 33710**
31 TITLE T Change Addition
32 NAME **Catherine Quinn**
33 STREET ADDRESS **425 - 79 St S.**
34 CITY ST ZIP **St. Petersburg, FL**
41 TITLE S Change Addition
42 NAME **Chris Pedersen**
43 STREET ADDRESS **11651 - 8th Lane N. #4**
44 CITY ST ZIP **St. Petersburg, FL, 33716**
51 TITLE D Change Addition
52 NAME **Mike Mikkola**
53 STREET ADDRESS **7190 - 21st St. S.**
54 CITY ST ZIP **St. Petersburg, FL. 33712**
61 TITLE D Change Addition
62 NAME **Mark Phillips**
63 STREET ADDRESS **2871 Brookfield Dr.**
64 CITY ST ZIP **Largo, FL. 34641**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Chris W. Pedersen* **Chris W. Pedersen** 4-17-95 579-0553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)