

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 720650 (1)**

1. Corporation Name

**ST. PETERSBURG BICYCLE CLUB, INCORPORATED**



Principal Place of Business

Mailing Address

P.O. BOX 76023  
ST PETERSBURG FL 33734  
US

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ST PETERSBURG FL 33734  
US

3. Date Incorporated or Qualified  
**04/02/1971**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHRIS W. PEDERSEN**  
11651 8TH LANE N #4  
ST PETERSBURG FL 33716

81 Name

*Sgme*

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Chris W. Pedersen*  
Signature, typed or printed name of registered agent, and title if applicable

*secretary*

*Chris W. Pedersen*  
(NOTE: Registered agent signature required when reinstating)

*4/28/96*  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOE LINDQUIST</b>	
STREET ADDRESS	<b>6795 14TH ST S.</b>	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOB ROTH</b>	
STREET ADDRESS	<b>6950 14TH AVE N</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CATHERINE, QUINN</b>	
STREET ADDRESS	<b>425 79 ST. S.</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CHRIS PEDERDEN</b>	
STREET ADDRESS	<b>11651 8TH LANE N #4</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MIKE MIKKOLA</b>	
STREET ADDRESS	<b>7190 21ST ST. S.</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PHILLIPS, MARK</b>	
STREET ADDRESS	<b>2871 BROOKFIELD DR.</b>	
CITY - ST - ZIP	<b>LARGO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Earnest Foster</b>	
1.3 STREET ADDRESS	<b>6294 Bahia Del Mar Circle Unit # 100</b>	
1.4 CITY - ST - ZIP	<b>St. Petersburg, FL 33715</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Hank Balzer</b>	
2.3 STREET ADDRESS	<b>8011 42nd St. N.</b>	
2.4 CITY - ST - ZIP	<b>Pinellas Park, FL 34665</b>	
3.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Jo Churchill</b>	
3.3 STREET ADDRESS	<b>4566 32nd Ave. N.</b>	
3.4 CITY - ST - ZIP	<b>St. Petersburg, FL 33713</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>400001851274</b>	
4.3 STREET ADDRESS	<b>706/05/98 81018-011</b>	
4.4 CITY - ST - ZIP	<b>***61.25</b>	
5.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Bill Honebury</b>	
5.3 STREET ADDRESS	<b>9715 Harold Ave #22</b>	
5.4 CITY - ST - ZIP	<b>Treasure Island, FL 33706</b>	
6.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Beverly De Grandchamp</b>	
6.3 STREET ADDRESS	<b>6298 44th ave N.</b>	
6.4 CITY - ST - ZIP	<b>Kenneth City FL 33709</b>	

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Chris W. Pedersen*

*4/28/96*  
Date

*813 525-7715*  
Daytime Phone #

CR2E037 (12/95)

*5/1/96*