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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720650 (1)
 1. Corporation Name
ST. PETERSBURG BICYCLE CLUB, INCORPORATED



Principal Place of Business P.O. BOX 76023 ST PETERSBURG FL 33734 US	Mailing Address P.O. BOX 76023 ST PETERSBURG FL 33734-6023 US
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3. Date Incorporated or Qualified 04/02/1971	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2454681	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CHRIS W. PEDERSEN
11651 8TH LANE N #4
ST PETERSBURG FL 33716

10. Name and Address of New Registered Agent
 81 Name
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	FOSTER, EARNEST
STREET ADDRESS	6294 BAHIA DEL MAR CIRCLE UNIT #100
CITY-ST-ZIP	ST. PETERSBURG FL 33715
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	BALSER, HANK
STREET ADDRESS	8011 42ND ST. N.
CITY-ST-ZIP	PINELLAS PARK FL 34665
TITLE	T <input type="checkbox"/> DELETE
NAME	CHURCHILL, JO
STREET ADDRESS	4566 32ND AVE. N.
CITY-ST-ZIP	ST. PETERSBURG FL 33713
TITLE	S <input type="checkbox"/> DELETE
NAME	PEDERDEN, CHRIS
STREET ADDRESS	11651 8TH LANE N #4
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HANSBURG, BILL
STREET ADDRESS	9715 HARROLD AVE #22
CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	D <input type="checkbox"/> DELETE
NAME	DE GRANDCHAMP, BEVERLY
STREET ADDRESS	6298 44TH AVE. N.
CITY-ST-ZIP	KENNETH CITY FL 33709

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Henry Balzer
1.3 STREET ADDRESS	8011 42nd Street N
1.4 CITY-ST-ZIP	Pinellas Park, FL 34665
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Anthony Mucci
2.3 STREET ADDRESS	7799 133rd Street N
2.4 CITY-ST-ZIP	Seminole, FL 34646
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Johnston
3.3 STREET ADDRESS	4930 Highland Street S
3.4 CITY-ST-ZIP	St. Petersburg, FL 33705
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mary Frances Bacon
4.3 STREET ADDRESS	4800 Brittany Drive S, #103
4.4 CITY-ST-ZIP	St. Petersburg, FL 33715
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard Heiser
5.3 STREET ADDRESS	1898 New Hampshire Ave NE
5.4 CITY-ST-ZIP	St. Petersburg, FL 33703
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Janell Cory
6.3 STREET ADDRESS	5027 31st Avenue S
6.4 CITY-ST-ZIP	Gulfport, FL 33707

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Josephine Churchill **Josephine Churchill** **Treasurer** Date: **1-27-97** Daytime Phone # **0051406**

CR2E037 (9/96)