

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 31, 2009  
Secretary of State**

DOCUMENT# 720650

Entity Name: ST. PETERSBURG BICYCLE CLUB, INCORPORATED

**Current Principal Place of Business:**

115 13TH AVE NORTHEAST  
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 76023  
ST PETERSBURG, FL 33734 US

**New Mailing Address:**

FEI Number: 59-2454681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCNULTY, PATRICK J  
3615 SOUTH LOIS AVE  
TAMPA, FL 33629 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: BUTTS, TIM  
Address: 11601 4TH ST. NORTH  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: V ( ) Delete  
Name: PATRICK, RUTA  
Address: 115 13TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S ( ) Delete  
Name: MCNULTY, PATRICK  
Address: 3615 SOUTH LOIS AVE  
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Delete  
Name: MENNE, WENDY  
Address: 9650 103 AVE. NORTH  
City-St-Zip: REDINGTON BEACH, FL 33704

Title: T ( ) Delete  
Name: LINDQUIST, JOSEPH  
Address: 6795 14ST SO  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T ( ) Delete  
Name: YETMAN, LYNN  
Address: 249 NAUTILUS WAY  
City-St-Zip: TREASURE ISLAND, FL 33706 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BUTTS, TIM  
Address: 7507 SOUTH MASCOTTE ST.  
City-St-Zip: TAMPA, FL 33616

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: PATRICK J. MCNULTY

S

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date