


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90066 013 \*\*\*\*61.25

**DOCUMENT # 755041**  
 1. Entity Name  
**POLK AREA BICYCLING ASSOCIATION, INC.**




Principal Place of Business      Mailing Address  
 1416 ORANGEWOOD DRIVE      1416 ORANGEWOOD DRIVE  
 LAKELAND FL 33813      LAKELAND FL 33813  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**59-2890742**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KELLY, BARBARA P.**  
**1416 ORANGEWOOD DRIVE**  
**LAKELAND FL 33813**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	TD	<input type="checkbox"/> Delete
NAME	KELLY, BARBARA P	
STREET ADDRESS	1416 ORANGEWOOD DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PICKARD, RICHARD	
STREET ADDRESS	1928 SUZANNE LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REICHE, JACK	
STREET ADDRESS	5851 BAMBI CT	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BOETCHER, GLENN	
STREET ADDRESS	3154 STONEMASTER DR	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boetcher, Glenn	
STREET ADDRESS	3154 Stonewater Drive	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richards, Allan L.	
STREET ADDRESS	502 Goldenrod Circle, S.	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Barbara P. Kelly (Barbara P. Kelly)*      2/15/05      863-646-6569.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR      Date      Daytime Phone #