2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2006 8:00 am Secretary of State **DOCUMENT # 755041** 1. Entity Name 02-21-2006 90020 046 ****61.25 POLK AREA BICYCLING ASSOCIATION, INC. Principal Place of Business Mailing Address 1416 ORANGEWOOD DRIVE 1416 ORANGEWOOD DRIVE LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2890742 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLY, BARBARA P. Street Address (P.O. Box Number is Not Acceptable) 1416 ORANGEWOOD DRIVE LAKELAND FL 33813 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution, Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. THEF ☐ Delete TITLE ☐ Change KELLY, BARBARA P NAMŁ 1416 ORANGEWOOD DRIVE STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP DS ☐ Delete TITLE Addition TITLE Mary C. Belshe 2900 Grasslands Blvd Laveland, Fl. 33803 PICKARD, RICHARD NAME NAME 1928 SUZANNE LANE STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-S1-7IP ☐ Delete Addition TITLE TITLE BOETCHER, GLENN Richard Clark NAME NAME 3154 STONEWATER DRIVE 6325 Highland Gardens Court STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CITY-ST-7IP CITY-ST-ZIP aveland, Fl. 33813 ☐ Delete TITLE Change Change Addition THE Barbara Carey 6683 Trail Ridge Drive NAME RICHARDS, ALLAN L NAME 502 GOLDENROD CIRCLE STREET ADDRESS STREET ADDRESS AUBURNDALE FL 33823 CITY-ST-ZIP CITY-ST-ZIP laxeland. ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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: Substitute Statutes of the corporation of the corporation of the corporation of 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.