2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# 755041

Entity Name: POLK AREA BICYCLING ASSOCIATION, INC.

Current Principal Place of Business:

1416 ORANGEWOOD DRIVE
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

1416 ORANGEWOOD DRIVE
LAKELAND, FL 33813 US

New Mailing Address:

P.O. BOX 2672
LAKELAND, FL 33806 US

FEI Number: 59-2890742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, BARBARA P.
1416 ORANGEWOOD DRIVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

CARLTON, GERALDYNE H
2310 LAKELAND HILLS BLVD
LAKELAND, FL 33805 US

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: GERALDYNE H. CARLTON 01/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: KELLY, BARBARA P
Address: 1416 ORANGEWOOD DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: S ( ) Delete
Name: BELSHE, MARY C
Address: 2900 GRASSLANDS BLVD
City-St-Zip: LAKELAND, FL 33803

Title: PD ( ) Delete
Name: HOYER, ERIC
Address: 2204 VELVET WAY
City-St-Zip: LAKELAND, FL 33811

Title: VD ( ) Delete
Name: POWER, MARIANNE
Address: 205 HIBISCUS DRIVE
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: KELLY, BARBARA P
Address: 1416 ORANGEWOOD DRIVE
City-St-Zip: LAKELAND, FL 33813 US

Title: SD (X) Change ( ) Addition
Name: BELSHE, MARY C
Address: 2900 GRASSLANDS BLVD
City-St-Zip: LAKELAND, FL 33803

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: CAREY, BARBARA
Address: 2447 LAUREL GLEN DR.
City-St-Zip: LAKELAND, FL 33803

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: BARBARA P. KELLY TD 01/12/2009
Electronic Signature of Signing Officer or Director Date