

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002672

FILED
Jan 20, 2009
Secretary of State

Entity Name: SOUTHERN OFF-ROAD BICYCLE ASSOCIATION, INC.

Current Principal Place of Business:

2125 ELACHEE DR
GAINESVILLE, GA 30504

New Principal Place of Business:

Current Mailing Address:

2125 ELACHEE DR
GAINESVILLE, GA 30504

New Mailing Address:

FEI Number: 58-2271785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEITH, ROBERSON
2105 HIGH RD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

FOSTER, KEN
213 CREST
TALLAHASSEE, FL 32303 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: KEN FOSTER

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAURET, THOMAS J
Address: 2125 ELACHEE DR
City-St-Zip: GAINESVILLE, GA 30504

Title: S () Delete
Name: MARTINEZ, RENEE
Address: 2368 KINGSLEY DR
City-St-Zip: MACON, GA 31204

Title: T () Delete
Name: ALLEN, ANGELA
Address: 105 WHETSTONE CT
City-St-Zip: MARTINEZ, GA 30807

Title: P () Delete
Name: HUNTER, ERIC
Address: 495 MEAD ST
City-St-Zip: ATLANTA, GA 30315

Title: V (X) Delete
Name: GRIECO, BOB
Address: 885 LAKE OVERLOOK
City-St-Zip: GAINESVILLE, GA 30076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: P (X) Change () Addition
Name: GRIECO, BOB
Address: 885 LAKE OVERLOOK
City-St-Zip: ROSWELL, GA 30076

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: THOMAS J SAURET

D

01/20/2009

Electronic Signature of Signing Officer or Director

Date