

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90107 012 ****61.25

DOCUMENT # N03000011082

1. Entity Name
**SAFE BICYCLING COALITION OF PALM BEACH
COUNTY, INC.**



Principal Place of Business
**%RANDY SCHEID
221 WENONAH #1
W PALM BEACH, FL 33405**

Mailing Address
**%RANDY SCHEID
221 WENONAH #1
W PALM BEACH, FL 33405**

24043989



2. Principal Place of Business

221 WENONAH

Suite, Apt. #, etc. **#1**

3. Mailing Address

P.O. BOX 1511

Suite, Apt. #, etc.

02262004 Chg-NP CR2E037 (10/03)

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

56-2426624

Applied For

☒ Not Applicable

Zip

33405

Country

USA

Zip

33402

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHEID, RANDY
221 WENONAH #1
W PALM BEACH, FL 33405**

7. Name and Address of New Registered Agent

Name

N/A

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 **D** ☐ Delete
NAME **MERKEN, EILEEN**
STREET ADDRESS **251 9TH ST**
CITY-ST-ZIP **W PALM BEACH, FL 33401**

TITLE **D** ☐ Delete
NAME **ZINGARO, MICHAEL**
STREET ADDRESS **720 OMAR RD**
CITY-ST-ZIP **W PALM BEACH, FL 33405**

TITLE **D** ☐ Delete
NAME **SCHEID, RANDY**
STREET ADDRESS **221 WENONAH #1**
CITY-ST-ZIP **W PALM BEACH, FL 33405**

TITLE **D** ☐ Delete
NAME **ORR, JEFF**
STREET ADDRESS **18342 RIVER OAKS DR**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **D** ☒ Delete
NAME **LEE, STEVEN**
STREET ADDRESS **3504 S OLIVE AVE**
CITY-ST-ZIP **W PALM BEACH, FL 33405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDY SCHEID

4/12/04

561-802-9973

Date

Daytime Phone #