

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90042 009 ****61.25

DOCUMENT # N03000011082						
1. Entity Name SAFE BICYCLING COALITION OF PALM BEACH COUNTY, INC.						
Principal Place of Business 221 WENONAH #1 WEST PALM BEACH, FL 33405 US			Mailing Address P.O. BOX 1511 WEST PALM BEACH, FL 33402 US			
2. Principal Place of Business P.O. BOX 1511		3. Mailing Address SAME AS ABOVE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State WEST PALM BEACH, FL		City & State ———				
Zip 33402		Country USA				
4. FEI Number 56-2426624				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$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			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: 3/15/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERKEN, EILEEN 251 9TH ST W PALM BEACH, FL 33401		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZINGARO, MICHAEL 720 OMAR RD W PALM BEACH, FL 33405		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEID, RANDY 221 WENONAH #1 W PALM BEACH, FL 33405		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 304 N. E STREET LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORR, JEFF 18342 RIVER OAKS DR JUPITER, FL 33458		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DON BRAVERMAN 27 STRATFORD LANE, APT. A BOYNTON BEACH, FL 33436		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE LEE 3504 OLIVE AVE WEST PALM BEACH, FL 33405		
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: DATE: 3/15/2005 DAYTIME PHONE: 379-2198 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						