## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002390

FILED Sep 13, 2007 Secretary of State

Entity Name: BICYCLE MESSENGER EMERGENCY FUND, INC.

Current Principal Place of Business: New Principal Place of Business:

1397 HARBOR DR. SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

1397 HARBOR DR. SARASOTA, FL 34239

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOERR, KENNETH D 240 S PINEAPPLE AVE 10TH FLOOR SARASOTA, FL 34236 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:

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PRES ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 VALLERY, JEAN A
 Name:
 VALLERY, JEAN A

 Address:
 1397 HARBOR DR.
 1397 HARBOR DR.

 City-St-Zip:
 SARASOTA, FL 34239
 City-St-Zip:
 SARASOTA, FL 34239

Title: VP ( ) Delete Title: V (X) Change ( ) Addition Name: REYNOLDS, KIMBERLY A REYNOLDS, KIMBERLY A

Address: 1121 24TH ST.,NW #101 Address: 1121 24TH ST.,NW #101 City-St-Zip: WASHINGTON, DC 20037 City-St-Zip: WASHINGTON, DC 20037

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BRUNELLE, LUCAS J
 Name:

 Address:
 1112 BOYLSTON STREET,STE. 400
 Address:

 City-St-Zip:
 BOSTON, MA 02215
 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: JEAN ANDRE VALLERY P 09/13/2007