

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90145 023 ****61.25

DOCUMENT # N06000008098					
1. Entity Name FLORIDA OFF-ROAD CYCLING ENTHUSIASTS, INC.					
Principal Place of Business XXXXXXXXXXXXXXXX 350 ROYAL PALM WAY, SUITE 409 PALM BEACH, FL 33480 XXXXXXXXXXXXXXXX			Mailing Address XXXXXXXXXXXXXXXX 350 ROYAL PALM WAY, SUITE 409 PALM BEACH, FL 33480 XXXXXXXXXXXXXXXX		
2. Principal Place of Business - No P.O. Box # c/o Kent Huffman, Esq.		3. Mailing Address c/o Kent Huffman, Esq.			
Suite, Apt. #, etc. 515 N. Flagler Dr., #801		Suite, Apt. #, etc. 515 N. Flagler Dr., #801			
City & State West Palm Beach, FL		City & State West Palm Beach, FL			
Zip 33401		Country USA		Zip 33401	
Country USA		Country USA			
5. Name and Address of Current Registered Agent HUFFMAN, KENT ESQUIRE 350 ROYAL PALM WAY SUITE 409 PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Kent Huffman, Esq. Street Address (P.O. Box Number is Not Acceptable) 515 North Flagler Drive Suite 801 City West Palm Beach, FL Zip Code 33401		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> SIGNATURE </div> <div style="text-align: center;"> Kent Huffman, Esquire January 28, 2008 </div> <div style="text-align: center;"> DATE </div> </div> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</p>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	FIONDELLA, EDWARD	
STREET ADDRESS	8117B NORTHBORG ST.		CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	CIAMMARGO, JOHN	
STREET ADDRESS	25 FERNE LN		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Delete	NAME	LEEDS, JENNIFER	
STREET ADDRESS	1166 STAGHORN ST		CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS			CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	DENNIS FLUSHING	
STREET ADDRESS	515 N. FLAGLER DR. #801		CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	TOM ROSSIBA	
STREET ADDRESS	515 N. FLAGLER DRIVE #801		CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: TOM ROSSIBA, DIRECTOR 4/19/08 361 684-8442					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					