

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008098

FILED
Mar 18, 2010
Secretary of State

Entity Name: FLORIDA OFF-ROAD CYCLING ENTHUSIASTS, INC.

Current Principal Place of Business:

KENT HUFFMAN, ESQUIRE
515 N FLAGLER DRIVE, #801
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

KENT HUFFMAN, ESQUIRE
515 N FLAGLER DRIVE, #801
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 84-1717771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUFFMAN, KENT ESQUIRE
515 NORTH FLAGLER DRIVE
SUITE 801
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Title: PRES
Name: DANIELS, LYNNE
Address: 3006 30TH CT
City-St-Zip: JUPITER, FL 33477

Title: TREA
Name: RASSIGA, TOM
Address: 1649 1/2 N MILITARY TR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DIR
Name: REICHEL, DENNIS
Address: 1081 W 10TH ST
City-St-Zip: RIVIERA BEACH, FL 33404

Title: DIR
Name: MERRITT, BRYAN
Address: 8177 XANTHUS LN
City-St-Zip: WELLINGTON, FL 3414

Title: DIR
Name: GIAMMARCO, JOHN
Address: 25 FERNE LN
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: LYNNE DANIELS

PRES

03/18/2010

Electronic Signature of Signing Officer or Director

Date