

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008828

FILED
Jan 08, 2007
Secretary of State

Entity Name: DELAND BIKE RALLY, INC.

Current Principal Place of Business:

100 N. WOODLAND BLVD.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

100 N. WOODLAND BLVD.
DELAND, FL 32720

New Mailing Address:

FEI Number: 36-4593142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORNETT, TARVER
100 N. WOODLAND BLVD.
DELAND, FL 32720 US

Name and Address of New Registered Agent:

SMITH, CHERRY H
100 N. WOODLAND BLVD.
DELAND, FL 32720 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: CHERRY H. SMITH

01/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARNOLD, WAYNE
Address: 590 RIDGE BLVD.
City-St-Zip: DELAND, FL

Title: D () Delete
Name: MCCORVEY, BILL
Address: 125 E. INDIANA AVE.
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: SMITH, JIM
Address: 186 CYPRESS POINT S.
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: BOLLUM, JANET
Address: 112 S. WOODLAND BLVD.
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: WILLIAMS, DONNA
Address: 804 N. WOODLAND BLVD.
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: SIMONEAU, BILLIE JO
Address: 125 E. INDIANA AVE.
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE ARNOLD

D

01/08/2007

Electronic Signature of Signing Officer or Director

Date