

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000378

FILED
Apr 16, 2009
Secretary of State

Entity Name: SOUTHEASTERN MASTERS CYCLING, INC.

Current Principal Place of Business:

407 WESTLAKE DRIVE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

407 WESTLAKE DRIVE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEBRUN, DESTRY
407 WESTLAKE DRIVE
PENSACOLA, FL 32506 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 () Delete
Name: SANDERS, KEVIN
Address: 407 WESTLAKE DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: VP () Delete
Name: BULLOCK, RANDY
Address: 407 WESTLAKE DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: SEC. () Delete
Name: LEBRUN, DESTRY
Address: 407 WESTLAKE DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: TREA () Delete
Name: LEBRUN, DESTRY
Address: 407 WESTLAKE DRIVE
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CAPT (X) Change () Addition
Name: LEBRUN, DESTRY W CAPTAIN
Address: 407 WESTLAKE DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: PRES (X) Change () Addition
Name: TURBYFILL, TY PRES.
Address: 407 WESTLAKE DRIVE
City-St-Zip: PENSACOLA, FL 32506

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

Title: MAN. (X) Change () Addition
Name: LOTT, GUY MANAGER
Address: 407 WESTLAKE DRIVE
City-St-Zip: PENSACOLA, FL 32506

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: DESTRY W. LEBRUN

CAPT

04/16/2009

Electronic Signature of Signing Officer or Director

Date