2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N07000001532

Entity Name: PENSACOLA OFF ROAD CYCLISTS INC.

Current Principal Place of Business:

1708 DAVID ST
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

1708 DAVID ST
PENSACOLA, FL 32514

New Mailing Address:

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

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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:	VP	( ) Delete
Name:	GRUBBS, DUSTIN	
Address:	2948 LAUREL DR	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	T	( ) Delete
Name:	LONG, DALE	
Address:	1708 DAVID ST	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	P	( ) Delete
Name:	BALLOW, EDWIN H	
Address:	6812 AVENIDA DE GALVEZ	
City-St-Zip:	NAVARRE, FL 32566	
Title:	D	( ) Delete
Name:	GRUBBS, SCOTT	
Address:	720 RIDGE RD	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	D	( ) Delete
Name:	DUELLMAN, CARL	
Address:	1528 E BRAINERD ST	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	SARFERT, ED	
Address:	1047 FLEMING DR	
City-St-Zip:	PENSACOLA, FL 32514	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	MACHADO, PAUL	
Address:	2627 CREIGHTON ROAD	
City-St-Zip:	PENSACOLA, FL 32504	
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 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: DALE LONG T 04/30/2008

Electronic Signature of Signing Officer or Director — Date