

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007360

FILED
Mar 28, 2012
Secretary of State

Entity Name: CHRISTMAS BIKE PROGRAM, INC

Current Principal Place of Business:

730 LULLWATER DR
OVIEDO, FL 327658500 US

New Principal Place of Business:

730 LULLWATER DR
STREET ADDRESS 2
OVIEDO, FL 327658500 US

Current Mailing Address:

730 LULLWATER DR
OVIEDO, FL 327658500 US

New Mailing Address:

FEI Number: 90-0752605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, ART
730 LULLWATER DR
OVIEDO, FL 327658500 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: DIR
Name: FRANKS, ALBERT J
Address: 792 BAYSIDE DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: DIR
Name: FLEMING, CHRIS
Address: 1032 COVINGTON ST
City-St-Zip: OVIEDO, FL 32765 US

Title: DIR
Name: WEAVER, ART
Address: 730 LULLWATER DR.
City-St-Zip: OVIEDO, FL 32765 US

Title: DIR
Name: ARTHUR, TOM
Address: 1014 ANTELOPE TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: DIR
Name: WOOTTEN, DAVE
Address: 1706 FOX GLEN CT
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: DIR
Name: FRANKS, LINDA
Address: 792 BAYSIDE DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

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: ART WEAVER

DIR

03/28/2012

Electronic Signature of Signing Officer or Director

Date