

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008926

FILED  
Jan 27, 2012  
Secretary of State

**Entity Name:** SOUTHERN OFF-ROAD BICYCLE ASSOCIATION JACKSONVILLE CHAPTER INC

**Current Principal Place of Business:**

1521 DUNNS LAKE DR EAST  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

2125 ELACHEE DR  
GAINESVILLE, GA 30504 US

**New Mailing Address:**

FEI Number: 27-4828860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WOOD, KATHY OP MGR  
1521 DUNNS LAKE DR EAST  
JACKSONVILLE, FL 32218 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: P  
Name: ZAFFUO, DAN  
Address: 1906 SPOONBILL STREET  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: T  
Name: LAMB, JOHN T  
Address: 1521 DUNNS LAKE DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D  
Name: CORWINE, RENEE  
Address: 2125 ELACHEE DR  
City-St-Zip: GAINESVILLE, GA 30504 US

Title: D  
Name: ALLEN, ANGELA  
Address: 2125 ELACHEE DR  
City-St-Zip: GAINESVILLE, GA 30504 US

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: JOHN THOMAS LAMB

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01/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date