

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17465** (8)

1. Corporation Name

CAPITAL CITY CYCLISTS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 4222
TALLAHASSEE FL 32315

P.O. BOX 4222
TALLAHASSEE FL 32315

3. Date Incorporated or Qualified
10/21/1986

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3162253

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WIRTH, DENNIS
4519 ARGYLE LANE
TALLAHASSEE FL 32308**

81 Name

McElhane, Elwood

82 Street Address (P.O. Box Number Is Not Acceptable)

8201 Bristol Court

83

84 City

Tallahassee

FL

85 Zip Code
32311

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Elwood McElhane
Signature typed or printed name of registered agent and title if applicable

Elwood McElhane

4-16-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPD
ROGERS, RICHARD
3058 CARLOW CIRCLE
TALLAHASSEE FL**

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**V/D
Dimacali, Neil
1013 Medieval Place
Tallahassee, FL 32301**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
MANN, JAMES
3805 ROLF DRIVE
TALLAHASSEE FL**

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**P/D
Pushor, Larry M.
1017 Cherokee Drive
Tallahassee, FL 32301**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
MCELHANEY, ELWOOD
8201 BRISTOL CT
TALLAHASSEE FL**

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**S/D
Mann, Amy K.
720 Ingleside Drive
Tallahassee, FL 32303**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
PUSHOR, LARRY
1017 CHEROKEE DR
TALLAHASSEE FL**

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**S/D
Mann, Amy K.
720 Ingleside Drive
Tallahassee, FL 32303**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
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8201 BRISTOL CT
TALLAHASSEE FL**

☐ DELETE

5.1 TITLE
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☐ DELETE

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6.4 CITY-ST-ZIP

**S/D
Mann, Amy K.
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Tallahassee, FL 32303**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Larry M. Pushor

Larry M. Pushor

4-16-96

904-487-3411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)