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FILED  
Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32315-4222



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**10/21/1986**

3a. Date of Last Report  
**04/26/1996**

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

10. Name and Address of New Registered Agent

**MCELHANEY, ELWOOD**  
**8201 BRISTOL COURT**  
**TALLAHASSEE FL 32311**

81 Name

**Durbin, Dick**

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

83

**1808 Bridgmont Trail**

84 City

**Tallahassee**

FL

85 Zip Code  
**32312**

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

*Dick Durbin*

**Dick Durbin**

**4-12-97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE  
NAME **DIMACALI, NEIL**  
STREET ADDRESS **1013 MEDIEVAL PLACE**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **PD** ☐ DELETE  
NAME **PUSHOR, LARRY M.**  
STREET ADDRESS **1017 CHEROKEE DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **TD** ☒ DELETE  
NAME **MCELHANEY, ELWOOD**  
STREET ADDRESS **8201 BRISTOL CT**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **SD** ☒ DELETE  
NAME **MANN, AMY K.**  
STREET ADDRESS **720 INGLESIDE DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☐ Change ☒ Addition  
1.2 NAME **Mann, Amy K.**  
1.3 STREET ADDRESS **720 Ingleside Drive**  
1.4 CITY-ST-ZIP **Tallahassee, FL 32301**

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

3.1 TITLE **TD** ☐ Change ☒ Addition  
3.2 NAME **Durbin, Dick**  
3.3 STREET ADDRESS **1808 Bridgmont Trail**  
3.4 CITY-ST-ZIP **Tallahassee, FL 32312**

4.1 TITLE **SD** ☐ Change ☒ Addition  
4.2 NAME **Harris, Wayne**  
4.3 STREET ADDRESS **1931 Nicklaus Drive**  
4.4 CITY-ST-ZIP **Tallahassee, FL 32301**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**904-414-1587**

Date

Daytime Phone # 0008880

CR2E037 (9/96)