

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90225 033 ****61.25

DOCUMENT # N17465

1. Corporation Name

CAPITAL CITY CYCLISTS, INC.

Principal Place of Business
P.O. BOX 4222
TALLAHASSEE FL 32315

Mailing Address
P.O. BOX 4222
TALLAHASSEE FL 32315



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/21/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3162253	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

DURBIN, DICK
1808 BRIDGEMONT TRAIL
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	CRAWFORD, DAVID J	1.2 NAME	
STREET ADDRESS	2037 DOOMAR DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	CARRUTHERS, ROBERT	2.2 NAME	
STREET ADDRESS	6500 MICCOSUKEE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	DURBIN, DICK	3.2 NAME	
STREET ADDRESS	1808 BRIDGEMONT TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	LEPP, LOIS B	4.2 NAME	SD
STREET ADDRESS	3162 HUTTERSFIELD CIR	4.3 STREET ADDRESS	David Beck
CITY-ST-ZIP	TALLAHASSEE FL 32303	4.4 CITY-ST-ZIP	7654 Tanya Ct.
TITLE		5.1 TITLE	Tallahassee, FL 32311
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

(850) 410-1681

Date

Daytime Phone #

CR2E037 (1/98)