


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 14 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 # **N20402** (6)

1. Corporation Name  
**FLORIDA BICYCLE COALITION, INC.**



Principal Place of Business <b>1126 GEORGIA BOULEVARD ORLANDO FL 32803</b>	Mailing Address <b>1126 GEORGIA BOULEVARD ORLANDO FL 32803-2720</b>
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date incorporated or Qualified <b>04/29/1987</b>	3a. Date of Last Report <b>07/11/1996</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2849769</b>	Applied For Not Applicable
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>MARTIN, BRUCE 1126 GEORGIA BOULEVARD ORLANDO FL 32803</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	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	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MARTIN, BRUCE</b>			1.2 NAME			
STREET ADDRESS	<b>1126 GEORGIA BOULEVARD</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>			1.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILSON, MIGHK</b>			2.2 NAME			
STREET ADDRESS	<b>737 1/2 MILLS AVENUE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FARRIS, RHONDA</b>			3.2 NAME			
STREET ADDRESS	<b>5233 US HWY 98 N., #17</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>			3.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>EUBANK, WES</b>			4.2 NAME			
STREET ADDRESS	<b>9401 TAKOMAH TRAIL</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL 33617</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MICHAELS, JR., ROBERT</b>			5.2 NAME			
STREET ADDRESS	<b>1861 CEDAR GLEN DRIVE</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>APOPKA FL 32712</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BURDEN, LYS</b>			6.2 NAME			
STREET ADDRESS	<b>1405 CHOCKSACKA NENE</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>			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.

CR2E037 (9/96)

*BRUCE MARTIN 2/26/87 1126 GEORGIA BOULEVARD*