FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N20402

(6)

May 13 1998 8:00am					
Secretary of State					

EII ED

	DA BICYCLE COALITION, I	INC.			
Principal Plac	ce of Business	Mailing Address		i reditiet die irek offit diett bleit diet diet biet biet biet biet biet biet biet b	
1126 GEORGIA ORLANDO FL 3		1126 GEORGIA BOULEVARD ORLANDO FL 32803		3. Date Incorporated or Qualified 04/29/1987 4. FEI Number Applied For	
2. Principal F	Place of Business	2a. Mailing Address		59-2849769 Not Applicable	
	s. MILLS AVE	— — ~ _	TILLS A	5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt.		Suite, Apt. #, etc.	71444	6. Election Campaign Financing \$5.00 May Be	
22	<u> </u>	27		Trust Fund Contribution Added to Fees	
City & Stat	Ando, Fl	City & State	. c.	7. Is this nonprofit corporation a homeowners association?	
Zip Zip	Country	28 ORLANDO	Country	Yes No 8. This corporation owes or has paid the current year Intangible	
24 328			30 USA		
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent	
			81 N	Name MIGHK WILSON	
	MARTIN, BRUCE			Street Address (P.O. Box Number is Not Acceptable)	
	Eorgia Boulevard Do Fl 32803		83	737 S. MILLS AVE	
UNLANU	IO FL 32803				
ļ			84 C	City o RLANDO FL 85 Zip Code 32801	
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statute	s, the above-no		
agent. La	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change was at ligations of, Section 617.0503, Flor	uthorized by the rida Statutes	named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Aleit K. 4			4-27.98	
12.	Signature, typed or printed name of registered a	agent and title if applicable (NOTE: AND DIRECTORS	Registered Agent si	1 signature required when reinstating) DATE	
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTOR Addition	
NAME	MARTIN, BRUCE		1.2 NAME	MARTIN, BRUCE	
STREET ADDRESS	1126 GEORGIA BOULEVARE	D	1.3 STREET ADD		
CITY-ST-ZIP	ORLANDO FL 32803	-	1.4 CITY - ST - ZI		
TITLE	V	☐ DELETE	2.1 TITLE	PRESIDENT Addition	
NAME	WILSON, MIGHK		2.2 NAME	MWILSON, MIGHK	
STREET ADDRESS	737 1/2 MILLS AVENUE		2.3 STREET ADD		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-Z		
TITLE	S SAPPIG PLICAPA	DELETE	3.1 TITLE	ROBERT DEGRAFF (SECR.) Change DeAddition	
NAME	FARRIS, RHONDA		3.2 NAME	32645 2ND AVE	
STREET ADDRESS	5233 US HWY 98 N., #17 LAKELAND FL 33809		3.3 STREET ADD	SHN HN101110, VC 33576	
CITY-ST-ZIP TITLE	T	□ DELETE	3.4. CITY-ST-Z		
NAME	EUBANK, WES		4.2 NAME	DAVID WINTE (DIK)	
STREET ADDRESS	9401 TAKOMAH TRAIL		4.3 STREET ADD	DORESS 134 COPENHAVER AVE N.E.	
CITY-ST-ZIP	TAMPA FL 33617		4.4 CITY-ST-ZI	3	
TITLE	D	☐ DELETE	5.1 TITLE	SUSAN HALL (BIR) Change DEAddition	
HAME	MICHAELS,JR., ROBERT		5.2 NAME	2977 HERSCHEL ST	
STREET ADDRESS	1861 CEDAR GLEN DRIVE		5.3 STREET ADD	DURESS	
CITY-ST-ZIP	APOPKA FL 32712		5.4 CITY-ST-ZI		
TITLE	D	DELETE	6.1 TITLE	DIC. ☐ Change ☑ Addition	
NAME	BURDEN, LYS		6.2 NAME	JOHN PHILLIPS	
STREET ADDRESS	1405 CHOCKSACKA NENE		6.3 STREET ADD	00 00 10.00, 0.1.0	
CITY-ST-ZIP	TALLAHASSEE FL 32301		6.4 CITY - ST - ZI	ZIP JUPITER FL 33478	

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.

SIGNATURE:

Mit Rut

MIGHK WKSON

4-29.98

481-5672 67-887 EXTE