

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90008 032 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N20402

1. Corporation Name

FLORIDA BICYCLE COALITION, INC.

Principal Place of Business

737 S MILLS AVE
ORLANDO FL 32801
US

Mailing Address

737 S MILLS AVE
ORLANDO FL 32801
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4949 ROYAL PALM DR		26 4949 ROYAL PALM DR		04/29/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2849769	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 ESTERO FLA.		28 ESTERO FLA.		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 33928		29 33928		30 US	
Country		Country			
25 US		29 33928		30 US	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WILSON, MIGHK 737 S MILLS AVE ORLANDO FL 32801				81 Name EUGENE P. SIPE, JR	
				82 Street Address (P.O. Box Number is Not Acceptable) 4949 ROYAL PALM DR	
				83	
				84 City ESTERO	
				85 Zip Code FL 33928	
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 <u>EUGENE P. SIPE, JR / SECRETARY</u> DATE <u>8/26/99</u>					
Signature, typed & printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> DELETE			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MARTIN, BRUCE			P WOLLEY, DAN		
STREET ADDRESS 1126 GEORGIA BOULEVARD			1.2 NAME		
CITY-ST-ZIP ORLANDO FL 32803			1.3 STREET ADDRESS 1279 MCNEIL		
TITLE <input checked="" type="checkbox"/> DELETE			1.4 CITY-ST-ZIP M. FT. MYERS, FLA 33903		
NAME WILSON, MIGHK			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 737 S MILLS AVE			V SOBECK, CARL R.		
CITY-ST-ZIP ORLANDO FL 32801			2.2 NAME		
TITLE <input checked="" type="checkbox"/> DELETE			2.3 STREET ADDRESS 129 NE 8TH PLACE		
NAME DEGRAFF, ROBERT			2.4 CITY-ST-ZIP CAPE CORAL, FLA 33909		
STREET ADDRESS 32642 2ND AVE			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP SANANTONIO FL 33576			S SIPE, EUGENE P., JR		
TITLE <input checked="" type="checkbox"/> DELETE			3.2 NAME		
NAME EUBANK, WES			3.3 STREET ADDRESS 4949 ROYAL PALM DRIVE		
STREET ADDRESS 9401 TAKOMAH TRAIL			3.4 CITY-ST-ZIP ESTERO, FLA 33928		
CITY-ST-ZIP TAMPA FL 33617			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input checked="" type="checkbox"/> DELETE			T SANDSTEDT, TANYA		
NAME MICHAELS, JR., ROBERT			4.2 NAME		
STREET ADDRESS 1861 CEDAR GLEN DRIVE			4.3 STREET ADDRESS 15663 SUNNY CREST		
CITY-ST-ZIP APOPKA FL 32712			4.4 CITY-ST-ZIP FT. MYERS, FLA. 33905		
TITLE <input checked="" type="checkbox"/> DELETE			5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME WHITE, DAVID			D SANDSTEDT, SHAWN		
STREET ADDRESS 134 COPEN HAVER AVE NE			5.2 NAME		
CITY-ST-ZIP PALM BAY FL 32907			5.3 STREET ADDRESS 15663 SUNNY CREST		
TITLE <input checked="" type="checkbox"/> DELETE			5.4 CITY-ST-ZIP FT. MYERS, FLA. 33905		
NAME JOHNSON, STEVE			6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 1802 WHITECAP CIRCLE			6.2 NAME		
CITY-ST-ZIP N. FT. MYERS, FLA. 33903			6.3 STREET ADDRESS		
			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 EUGENE P. SIPE, JR / SECY DATE 8/26/99 (941) 470-8468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001285

CR2E037 (5/99)