SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:44

DOCUMENT # **N24855** **(1)**

1. Corporation Name
KENTUCKY BMX ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O RICHARD A. PURDY 1322 S.E. THIRD AVENUE FT. LAUDERDALE FL 33316-1908	C/O RICHARD A. PURDY 1322 S.E. THIRD AVENUE FT. LAUDERDALE FL 33316-1908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1988
3a. Date of Last Report: 04/19/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PURDY, RICHARD A. 1322 S.E. THIRD AVENUE FT. LAUDERDALE FL 33316	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 _____ DATE
Signature, typed or 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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	WEST, BONNIE	1.2 NAME	Theresa Turner	
STREET ADDRESS	9104 GLASSLIPPER CT.	1.3 STREET ADDRESS	332 Inverness Ave.	
CITY-ST-ZIP	LOUISVILLE KY	1.4 CITY-ST-ZIP	Lou. Ky. 40214	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	HEDDEN, JANE	2.2 NAME	Sandy Dietzman	
STREET ADDRESS	7107 E. MARSLICK DR.	2.3 STREET ADDRESS	519 Forum Av	
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP	Lou. Ky 40215	
TITLE	DST	3.1 TITLE		☒ Change ☐ Addition
NAME	WALLACE, SUZANNE	3.2 NAME	MARY Strong	
STREET ADDRESS	6801 CROSS COUNTRY CT.	3.3 STREET ADDRESS	3415 Vetter Ave	
CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP	Lou. Ky. 40215	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Theresa Turner 7-26-95 502-375-4968 HM 812-945-2599 WK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010106