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Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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 33316-1908C/O RICHARD A. PURDY  
1322 S.E. THIRD AVENUE  
FT. LAUDERDALE FL 33316-19083. Date Incorporated or Qualified  
02/15/19883a. Date of Last Report  
02/27/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME WEST, BONNIE  
STREET ADDRESS 9104 GLASSLIPPER COURT  
CITY - ST - ZIP LOUISVILLE KYTITLE ST ☒ DELETE  
NAME DIETZMAN, SANDY  
STREET ADDRESS 519 FORUM AVE  
CITY - ST - ZIP LOUISVILLE KYTITLE DST ☒ DELETE  
NAME LEE, JENNIFER  
STREET ADDRESS 5104 WOODHILL LANE  
CITY - ST - ZIP LOUISVILLE KYTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Lee, Jennifer  
1.3 STREET ADDRESS 5104 WOODHILL LANE  
1.4 CITY - ST - ZIP Louisville, Ky 402192.1 TITLE ST ☒ Change ☐ Addition  
2.2 NAME HEDDEN, JANE  
2.3 STREET ADDRESS 1107 E MANSUCK Rd.  
2.4 CITY - ST - ZIP Louisville, Ky 402283.1 TITLE DST ☒ Change ☐ Addition  
3.2 NAME NICHOLSON, MATT  
3.3 STREET ADDRESS P.O. Box 632  
3.4 CITY - ST - ZIP Seymour, IN 472744.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE: JANE HEDDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANE HEDDEN

2-25-97

(502) 239-6854

CR2E037 (9/96)