2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N25833

Entity Name: TREASURE COAST CYCLING ASSOCIATION, INC.

Current Principal Place of Business:

2952 SW MARIPOSA CIRCLE
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2559
STUART, FL 34995 US

New Mailing Address:

FEI Number: 65-0191899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSTERMANN, KIRK V
2952 SW MARIPOSA CIRCLE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: WILSTERMANN, KIRK V
Address: 2952 SW MARIPOSA CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: P ( ) Delete
Name: GOINGS, JOHN P
Address: 3889 SW ST LUCIE SHORES DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Delete
Name: KURTH, STEVEN T
Address: 2555 SW HOLLY DALE WAY
City-St-Zip: PALM CITY, FL 34990

Title: S ( ) Delete
Name: KURTH, STEVEN S
Address: 2555 SW HOLLY DALE WAY
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRK WILSTERMANN VP 02/16/2009

Electronic Signature of Signing Officer or Director — Date