

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90058 035 ****70.00

DOCUMENT # N27396 1. Entity Name CHARLOTTE BMX, INC.					
Principal Place of Business 2505 CARMALITA STREET PUNTA GORDA, FL 33950 US			Mailing Address 99 NESBIT STREET PUNTA GORDA, FL 33950 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0079153	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARR, DAROL H 99 NESBIT STREET PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMIECH, ANDREW J 271 CASALE G ST. PUNTA GORDA, FL 33983	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Julio Martinez 272 Elida St. Port Charlotte, FL 33954	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOUTH, JILL 30138 ALDER ROAD PUNTA GORDA, FL 33982	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michele Martinez 272 Elida St. Port Charlotte, FL 33954	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTM SOUTH, BRET 30138 ALDER ROAD PUNTA GORDA, FL 33982	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Track Director Anthony Yadenise	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARNER, KELLY 21532 EDGEWATER DRIVE PORT CHARLOTTE, FL 33952	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Paula Edwards 1620 Appian Dr Punta Gorda, FL 33951	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, DAROL H 99 NESBIT STREET PUNTA GORDA, FL 33950	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Eric Adams	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Linda Judd	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/10/07 Daytime Phone # 941-625-0640		

40074088



02082007 Chg-NP CR2E037 (12/06)

1. Entity Name
CHARLOTTE BMX, INC. #127396



Principal Place of Business
**2505 CARMALITA STREET
PUNTA GORDA, FL 33960 US**

Mailing Address
**99 NESBIT STREET
PUNTA GORDA, FL 33950 US**

ATTACHMENT

40074088

DO NOT WRITE IN THIS SPACE

02052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0079153

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
**CARR, DAROL H
99 NESBIT STREET
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMIECH, ANDREW J
STREET ADDRESS	271 CASALE G ST.
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	T
NAME	SOUTH, JILL
STREET ADDRESS	30138 ALDER ROAD
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	VTM
NAME	SOUTH, BRET
STREET ADDRESS	30138 ALDER ROAD
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	V
NAME	WARNER, KELLY
STREET ADDRESS	21532 EDGEWATER DRIVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	CARR, DAROL H
STREET ADDRESS	99 NESBIT STREET
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #