FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N32120

(0)

Principal Place of Business P O BOX 273722 TAMPA FL 33688 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Date incorporated or Qualified 05/05/1989 4. FEI Number 59-2933240 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State Applied For Not Applicable Scritificate of Status Desired \$5. Certificate of Status Desired \$5.00 May Be	BEST C	OF THE BAY CYCLIST, IN	0.						
TAMPA R. 35889 TAMPA R. 358898 TAMPA R. 358898 TAMPA R. 358898 TAMPA R. 358898 TAMPA S. 358898 TAMPA S. 358898 TAMPA S. 358988 TAMPA S. 35	Principal Place	of Business	Mailing Address				-{	III BABIN BABIN BEBEF B	AN AMIN BINN IMA
2. Processor Place of Business Sulle, April 4, etc. Sulle, April 5, etc. Sulle, April 5, etc. Sulle, April 6, etc. Sulle, April									
Source April 9 of 17 DOUGNETS AND DIRECTORS IN THE PROPERTY OF							3. Date Incorporated or Qualified 05/05/1989	3a. Date of L 06/15	est Report /1995
Suite, Apr. 4, etc. Suite, Apr. 4, etc.	—						1 50-2033240		
27 S. Cardicate of Status Desired Fee Regulard S. O. May be 70 Country 28 70 Country 8. This corporation has labely for imparity betworker 190.032, forcids Statutes 70 kg 70 Name and Address of Durrent Registered Agent 10. Name and Address of New Registered Agent		#. etc.		ite Ant # etc			INOTAPPICADE		
The Fund Contribution	22		5, 145c. 11, 505.			5. Certificate of Status Desired			
App Country Zip Country Zip Country Zip Country S. This corporation has fability for intergible tay under s. 195.032, Portice Statutes Not Portice Not	City & State City & State						6. Election Campaign Financing	\$5	.00 May Be
So Name and Address of Current Registered Agent WILSON, THOMAS ### WI	23						Trust Fund Contribution Added to Fees		
Successive Address of Current Registered Agent WILSON, THOMAS 8418 WOODBRIER CT TAMPA FL 33615 82 Street Address (P.O. Box Number is Not Acceptable) 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 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, and acceptable of specifical structures. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 15. In It. 16. Superior Address 16. Street Address 17. Superior Address 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. DITING, DOUG 10. Superior Address 10. Superior Address 10. Superior Address 11. FRANY OAK LN. 21. SIRECT ADDRESS 11. TAMPA FL 22. IN IT. 23. SIRECT ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Superior Address 15. STEELE, SHERRI 20. SUPERIOR STEELE SHERRI 20		· · · · · · · · · · · · · · · · · · ·	⊢ ′	h					
WILSON, THOMAS 8418 WOODBRIER CT TAMPA FL 33815 85 64 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above named capant, or both, in the State of Porces, Section 8617,0502 and 617,1508, Florida Statutes, the above named capant, or both, in the State of Porces, Section 8617,0503, Florida Statutes, the above named capant, or both, in the State of Porces, Section 617,0503, Florida Statutes, the above named capant in the statement for the purpose of changing its registered office or registered agent, or both, and named capant in the State of Porces, Section 617,0503, Florida Statutes, the above named capant in the Statement for the purpose of changing its registered office or registered agent, or both, and named agent in the statement of Porces, Section 617,0503, Florida Statutes, the above named capant in the statement for the purpose of changing its registered office or registered agent, in the Statement of Porces, Section 617,0503, Florida Statutes, the above named capant in the statement for the purpose of changing its registered office or registered agent, in the Statement of Porces, Section 617,0503, Florida Statutes, the above named capant in the purpose of changing its registered office or registered agent, in an advantage of the corporation's board of directors. I hereby accept the purpose of changing its registered office or registered agent, in an advantage of the corporation's board of directors. I hereby accept the purpose of changing its registered office or registered agent, in an advantage of the corporation's board of directors. I hereby accept the purpose of changing its registered office of changing its registered office. 12.				[30]	<u> </u>				
8418 WOODBRIER CT TAMPA FL 33615 85 86 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 formular with, and account the chilipathene of Section 617,0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office formular with, and account the chilipathene of Section 617,0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office formular with, and account the chilipathene of Section 617,0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office formular with, and account the chilipathene of Section 617,0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office formular with, and account the chilipathene of Section 617,0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office formular with, and account the chilipathene of Section 617,0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office. SIGNATURE 12. OF FICERS AND DIFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 14. Intel					81	Name			
818 WOODBRIER CT TAMPA FL 33615 83 84 City FL 88 Zip Code 11. Pursuant to the provisions of Sectors 617,0502 and 617,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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, or both, in the State of Florida Statutes, and accept the displantor of, Section 617,0503, Florida Statutes, and accept the displantor of, Section 617,0503, Florida Statutes, and accept the displantor of, Section 617,0503, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with a registered agent, I am familiar with a registered agent. I am familiar with a facility of the state of Florida Statutes. I am familiar with a facility of the familiar with a familiar with a facility of the familiar with a familiar with a facility of the familiar with a familiar with a familiar with a familiar with a fami	WILSON,	THOMAS			92	Street Addre	ses (P.O. Boy Number is Not Acceptable	·	
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 submited by the corporation's board of directors. I hereby accept the appointment as registered agent, I am fail accept the obligations of, Section 617,0503, Prodid Statutes. SIGNATURE Signature by an accept the obligations of, Section 617,0503, Prodid Statutes. SIGNATURE Signature by an accept the suppointment as registered agent. I am fail accept the obligations of, Section 617,0503, Prodid Statutes. SIGNATURE Signature by an accept the suppointment as registered agent. I am fail accept the obligations of, Section 617,0503, Prodid Statutes. The obligations of Section 617,0503, Prodid Statutes. The obligation of Section 617,0503, Prodid Statutes. The obligations of Section 617,0503, Prodid Statutes. The obligations of Section 617,0503, Prodid Statutes. The obligation of Section 617,0503, Prodid Statutes. Further further statutes. The obligation of Section 617,0503, Prodid Statutes. Further further statutes. The obligation of Section 617,0503, Prodid Statutes. Further further statutes. The obligation of Section 617,0503, Prodid Statutes. Further further further statutes. Further further further further statutes. Further further further					"	Otreot Addre	iss (10, box 110 mor 10 mor 2000ptdb/0		
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 OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Intel 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Intel 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Intel 20. Int	tampa f	FL 33615			83				
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 obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a register					84	City		85	Zip Code
Or registered agent. C 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. am familiar with, and accept the obligations of, Section 617.0509, Florida Stratutes. Signature Sprature D								┡╏	•
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE BOTTING, DOUG BOTTING, DOUG 4603 FRESHWIND AVE. 13 STREET ADDRESS CITY-ST-2P INTE COLDMACHER, JOEL TIFFANY OAK LN. 22 STREET ADDRESS TIFFANY OAK LN. 23 STREET ADDRESS TIFFANY OAK LN. 24 STREET ADDRESS CITY-ST-2P INTE STREET ADDRESS CITY-ST-2P DELETE TITLE COS NAMCY AVE. LUTZ FL DELETE DELETE STREET ADDRESS CITY-ST-2P DELETE ACTIV-ST-2P DELETE STREET ADDRESS CITY-ST-2P DELETE ACTIV-ST-2P TOTAL STREET ADDRESS CITY-ST-2P DELETE STREET ADDRESS CITY-ST-2P DELETE STREET ADDRESS CITY-ST-2P DELETE STREET ADDRESS CITY-ST-2P TOTAL ACTIV-ST-2P TOTAL STREET ADDRESS CITY-ST-2P DELETE STREET ADDRESS CITY-ST-2P TOTAL ACTIV-ST-2P STREET ADDRESS CITY-ST-2P DELETE STREET ADDRESS CITY-ST-2P Change Addition ADDRESS STREET ADDRESS CITY-ST-2P SACTIV-ST-2P SACTIV-ST-2P SACTIV-ST-2P Change Addition ADDRESS CITY-ST-2P Change Addition ADDRESS CITY-ST-2P Change Addition ADDRESS STREET ADDRESS CITY-ST-2P Change Addition ADDRESS ACTIV-ST-2P ACTIV-ST-2P Change Addition ADDRESS ACTIV-ST-2P A	or register familiar wit SIGNATURE	red agent, or both, in the State of Fig th, and accept the obligations of, Se	orida. Such change was authorization 617.0503, Florida Statutes	ted by the o s.	corpo	eration's board	d of directors. I hereby accept the appoir	ntment as registe	red agent. I am
DELETE DOUBLETE 11 Title DOUBLETE 12 MME Addition Ad					- Ageill	agrature requiec			TORS IN 12
STREET ADDRESS CLITY-SI-ZIP TILLE D GOLDMACHER, JOEL TIFFANY OAK LN. TAMPA FL 22 NAME STREET ADDRESS CLITY-SI-ZIP TILLE S GOLDMACHER, JOEL TIFFANY OAK LN. TAMPA FL 22 NAME STEDIJE, SHERRI 32 NAME STREET ADDRESS CLITY-SI-ZIP TILLE ANDRESS CLITY-SI-ZIP TILLE SIRRET ADDRESS CLITY-SI-ZIP TILLE STREET ADDRESS TREET ADDRESS CLITY-SI-ZIP TILLE STREET ADDRESS TREET ADDRES		BOTTING, DOUG		_					
TAMPA FL ITHE GOLDMACHER, JOEL TIFFANY OAK LN. TAMPA FL TITLE STEDJE, SHERRI 2009 NANCY AVE. LUTZ FL SIREEL ADDRESS CITY. ST-ZPP TITLE DELETE STEDLE, SHERRI 2009 NANCY AVE. LUTZ FL DELETE STEDLETE S	NAME			1.2 N					-
DOLLETE DOLLETE 21 TITLE DAME Addition	STREET ADDRESS		1.3 \$		3 STREET ADDRESS				
NAME GOLDMACHER, JOEL TIFFANY OAK LN. TIFFANY OAK LN. TAMPA FL 2 NAME 23 STREET ADDRESS CITY-ST-ZIP TITLE S DELETE 31 TITLE S DELETE 31 TITLE S DELETE 31 TITLE S DELETE 31 TITLE S DELETE 32 NAME 22 NAME 33 STREET ADDRESS CITY-ST-ZIP 10 DELETE 41 TITLE 42 NAME 42 NAME 43 STREET ADDRESS CITY-ST-ZIP 11 LE 12 DELETE 44 CITY-ST-ZIP 11 LE 13 STREET ADDRESS CITY-ST-ZIP 11 LE 15 STREET ADDRESS CITY-ST-ZIP 16 LE 16 STREET ADDRESS CITY-ST-ZIP 17 LE 16 STREET ADDRESS CITY-ST-ZIP 18 LE 18									
TIFFANY OAK LN. TAMPA FL 2 STREET ADDRESS CITY-ST-ZIP TITLE S CITY-ST-ZIP TITLE S TEDJE, SHERRI 2009 NANCY AVE. LUTZ FL 3 STREET ADDRESS CITY-ST-ZIP D DELETE 3 STREET ADDRESS CITY-ST-ZIP 14 CITY-ST-ZIP TITLE DELETE 5 STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 STREET ADDRESS CITY-ST-ZIP TITLE CHANGE 5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE DELETE 61 STREET ADDRESS CITY-ST-ZIP TITLE DELETE CHANGE C		_ -	FIDELEIF					∟ Chan	ge L_J Addition
TAMPA FL						************			
TILE NAME STREEL ADDRESS CITY-ST-ZIP UTZ FL STEDJE, SHERRI 2009 NANCY AVE. LUTZ FL DELETE 41 TITLE 42 NAME STREET ADDRESS CITY-ST-ZIP LUTZ FL Addition STREET ADDRESS CITY-ST-ZIP LUTZ FL DELETE 41 TITLE 44 CITY-ST-ZIP LUTZ FL Addition STREET ADDRESS CITY-ST-ZIP LUTZ FL DELETE 51 TITLE 52 NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE 53 TITLE 53 TITLE 54 CITY-ST-ZIP TITLE 54 CITY-ST-ZIP 144. 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)(k), Florida Statutes. I further									
NAME STREET ADDRESS CITY-ST-ZIP CONDITION STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE MAKE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS GTY-ST-ZIP TITLE MAKE STREET ADDRESS GTY-ST-ZIP MAKE G2 NAME G3 STREET ADDRESS G3 STREET ADDRESS G3 STREET ADDRESS G1 STREET A								[Chan	ge Addition
CITY - ST - ZIP SHEEL ADDRESS CITY - ST - ZIP SHEEL ADDRESS CITY - ST - ZIP LUTZ FL SHEEL ADDRESS CITY - ST - ZIP LUTZ FL STREET ADDRESS CITY - ST - ZIP CHANGE A3 STREET ADDRESS A4 CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP DELETE S1 STREET ADDRESS CITY - ST - ZIP Change Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Addition A1 STREET ADDRESS CITY - ST - ZIP CHANGE A3 STREET ADDRESS CITY - ST - ZIP CHANGE A1 STREET ADDRESS CITY - ST - ZIP A1 J 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)(k), Florida Statutes. I further	NAME	eten ie euenni		32 N					
DELETE 41 TITLE	STREET ADDRESS			335	rreet a	ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZiP				ITY-S	T - ZIP			
STREET ADDRESS CITY - ST - ZIP LUTZ FL 4.4 CITY - ST - ZIP TITLE DELETE 51 TITLE STREET ADDRESS CITY - ST - ZIP TITLE C DELETE 51 TITLE 51 TITLE 51 TITLE 52 NAME 52 NAME 57 REET ADDRESS CITY - ST - ZIP TITLE DELETE 61 TITLE C Addition NAME STREET ADDRESS CITY - ST - ZIP TITLE DELETE 61 TITLE C Addition NAME STREET ADDRESS CITY - ST - ZIP 14. Job 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)(k), Florida Statutes. I further	V-T C						•	Chan	ge 🔲 Addition
A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE Change Addition			119 Correction	•		5	TEDJE, DAVID		
ITILE DELETE S1 TITLE S2 NAME STREET ADDRESS CITY-S1-2IP TITLE DELETE S1 TITLE S2 NAME STREET ADDRESS CITY-S1-2IP TITLE DELETE S1 TITLE S1 TITLE Change Addition NAME SIREET ADDRESS CITY-S1-7IP 14. 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)(k), Florida Statutes. I further	Į.								
NAME STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE C Addition NAME SIREET ADDRESS CITY-ST-ZIP 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. 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)(k), Florida Statutes. I further		LUILIL	DELETE			1- LIP		☐ Chan	ge
STREET ADDRESS CITY - ST - ZIP TITLE DELETE 61 TITLE 62 NAME STREET ADDRESS CITY - ST - ZIP 63 STREET ADDRESS CITY - ST - ZIP 64 CITY - ST - ZIP 64 CITY - ST - ZIP 14. 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)(k), Florida Statutes. I further									g
CITY-ST-ZIP TITLE DELETE 6.1 TITLE CANAME STREET ADDRESS CITY-ST-ZIP 14. 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)(k), Florida Statutes. I further						ADDRESS			
TOTLE NAME STREET ADDRESS CITY-SI-7/P 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)(k), Florida Statutes. I further									
STREET ADDRESS CITY-SI-ZIP 14. 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)(k), Florida Statutes. I further								Chan	ge 🔲 Addition
CITY-SI-ZIP 64 CITY-SI-ZIP 14. 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)(k), Florida Statutes. I further	NAME			6.2 N	AME				
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)(k), Florida Statutes. I further	STREET ADDRESS		•	6.3 S	TREET	address			
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)(k), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under									
	14. I do heret certify tha	by certify that the information supplied It the information indicated on this ar	od with this filing is voluntarily fun noual report or supplemental ann	nished and nual report i	does is tru	not qualify for e and accurat	or the exemption stated in Section 119.0 te and that my signature shall have the s	7(૩)(k), Florida St ame legal effect a	atutes. I further as if made under

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1~19-96 813-538-2300 Dete Destrict Phone (