FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N37163** **(5)**

1. Corporation Name

SUWANNEE BICYCLE ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:10

Principal Place of Business	Mailing Address
P.O. BOX 247 WHITE SPRINGS FL 32096	P.O. BOX 247 WHITE SPRINGS FL 32096

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/20/1990	04/25/1994

4. FEI Number: 59-3004468 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 ☐ **$68.75** Supplemental Fee Not Required

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
BURDEN, LYS 12 BRIDGE STREET WHITE SPRINGS FL 32096	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 607.0502 and 607.1508, 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 607.0505, 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	P	11 TITLE	P/D	☑ Change ☐ Addition
NAME	MICHAELS, BOB	12 NAME		
STREET ADDRESS	1861 CEDAR GLEN DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE	V/D	☑ Change ☐ Addition
NAME	EVERETT, CATHY	22 NAME		
STREET ADDRESS	2323 EDEN PARKWAY	23 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	Secretary (S/D)	☑ Change ☐ Addition
NAME	PYNE, ALMA	32 NAME	Ross, Eileen Cruz	
STREET ADDRESS	5025 FULHAM ROAD SOUTH	33 STREET ADDRESS	4407 Horseshoe Bend Ct	
CITY-ST-ZIP	ORANGE PARK FL	34 CITY-ST-ZIP	Jackson Ville, FL 32224	
TITLE	TD	41 TITLE	T/D	☑ Change ☐ Addition
NAME	FRIERSON, CHUCK	42 NAME		
STREET ADDRESS	747 PINE BROOK DR., E.	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	PRITCHETT, HUBERT	52 NAME	Charlie Fetzer	
STREET ADDRESS	3122 MOODY	53 STREET ADDRESS	2810 Algonquin Ave	
CITY-ST-ZIP	ORANGE PARK FL	54 CITY-ST-ZIP	Jacksonville FL 32210	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Charles Frierson (CHARLES FRIERSON) 2/23/95 (904) 741-8113
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Area Code & Daytime Phone #