

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N37163** (5)

1. Corporation Name

**SUWANNEE BICYCLE ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 247  
WHITE SPRINGS FL 32096

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WHITE SPRINGS FL 32096

3. Date Incorporated or Qualified  
**03/20/1990**

3a. Date of Last Report  
**03/29/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3004468**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐

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

Zip

Country

Zip

Country

24

25

29

30

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MICHAELS, BOB  
STREET ADDRESS 1861 CEDAR GLEN DRIVE  
CITY-ST-ZIP APOPKA FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Robert K. Michaels, Jr.  
1.3 STREET ADDRESS 1861 Cedar Glen Drive  
1.4 CITY-ST-ZIP Apopka, FL

TITLE VD ☐ DELETE  
NAME EVERETT, CATHY  
STREET ADDRESS 2323 EDEN PARKWAY  
CITY-ST-ZIP LAKELAND FL

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME Dickinson, Cathy  
2.3 STREET ADDRESS 2323 Eden Parkway  
2.4 CITY-ST-ZIP Lakeland, FL

TITLE SD ☐ DELETE  
NAME ROSS, EILEEN C  
STREET ADDRESS 4407 HORSESHOE BEND CT  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE SD ☒ Change ☐ Addition  
3.2 NAME Leigh Brooks  
3.3 STREET ADDRESS 2474 Woodlawn Circle W  
3.4 CITY-ST-ZIP St. Petersburg, FL

TITLE TD ☐ DELETE  
NAME FRIERSON, CHUCK  
STREET ADDRESS 747 PINE BROOK DR., E.  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE TD ☒ Change ☐ Addition  
4.2 NAME CHARLES FRIERSON  
4.3 STREET ADDRESS 747 PINEBROOK DR. E.  
4.4 CITY-ST-ZIP JACKSONVILLE, FLA 32220

TITLE D ☒ DELETE  
NAME FELTZER, CHARLIE  
STREET ADDRESS 2810 ALGON QUIN AVE  
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE Rene Reno ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS 7509 Ola Avenue  
5.4 CITY-ST-ZIP Tampa, FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME Tony Beaver  
6.3 STREET ADDRESS 7607 Club Ducky  
6.4 CITY-ST-ZIP Jacksonville, FL

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)