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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	P.O. BOX 247 WHITE SPRINGS FL 32096-0247

3. Date Incorporated or Qualified: 03/20/1990
3a. Date of Last Report: 04/18/1996

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

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

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BURDEN, LYS
12 BRIDGE STREET
WHITE SPRINGS FL 32096

NEW ADDRESS →

10. Name and Address of New Registered Agent

81 Name: BURDEN, LYS
82 Street Address (P.O. Box Number is Not Acceptable): 320 S. MAIN STREET
83
84 City: HIGH SPRINGS FL 85 Zip Code: 32643

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 _____ 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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	MICHAELS, ROBERT K. JR		1.2 NAME	RAY MILLER	
STREET ADDRESS	1861 CEDAR GLEN DRIVE		1.3 STREET ADDRESS	16875 AKINS DR.	
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP	SPRING HILL, FLORIDA 34610-7202	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DICKINSON, CATHY		2.2 NAME		
STREET ADDRESS	2323 EDEN PARKWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, LEIGH		3.2 NAME		
STREET ADDRESS	2474 WOOD LAWN CIRCLE W		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRIERSON, CHARLES		4.2 NAME		
STREET ADDRESS	747 PINBROOK DR D		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RENO, RENE		5.2 NAME		
STREET ADDRESS	7509 OLA AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BEAVOR, TONY		6.2 NAME		
STREET ADDRESS	7607 CLUB DUCKY		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 4/26/97 (904) 791-8113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0001697