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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N37163					
1. Corporation Name SUWANNEE BICYCLE ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 247 WHITE SPRINGS FL 32096			Mailing Address P.O. BOX 247 WHITE SPRINGS FL 32096		



2. Principal Place of Business 21 12 Bridge Street Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/20/1990	
22 City & State White Springs, FL		27 City & State		4. FEI Number 59-3004468	
23 Zip 32096		28 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent BURDEN, LYS 320 S. MAIN STREET HIGH SPRINGS FL 32643				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	P/D	☒ Change	☐ Addition
NAME	MILLE, RAY			1.2 NAME	John Myers		
STREET ADDRESS	16875 AKINS DR.			1.3 STREET ADDRESS	204 Tarrasa Drive		
CITY-ST-ZIP	SPRING HILL FL			1.4 CITY-ST-ZIP	Jacksonville, FL 32225		
TITLE	VD	☐ DELETE		2.1 TITLE	V/D	☒ Change	☐ Addition
NAME	DICKINSON, CATHY			2.2 NAME	Michele Hosack		
STREET ADDRESS	2323 EDEN PARKWAY			2.3 STREET ADDRESS	1510 SE Bay Street		
CITY-ST-ZIP	LAKELAND FL			2.4 CITY-ST-ZIP	High Springs, FL 32643		
TITLE	SD	☐ DELETE		3.1 TITLE	S/D	☒ Change	☐ Addition
NAME	BROOKS, LEIGH			3.2 NAME	Susanne Hall		
STREET ADDRESS	2474 WOOD LAWN CIRCLE W			3.3 STREET ADDRESS	2977 Herschel Street		
CITY-ST-ZIP	ST PETERSBURG FL			3.4 CITY-ST-ZIP	Jacksonville, FL 32205		
TITLE	TD	☐ DELETE		4.1 TITLE	T/D	☒ Change	☐ Addition
NAME	FRIERSON, CHARLES			4.2 NAME	Charles Frierson		
STREET ADDRESS	747 PINBROOK DR D			4.3 STREET ADDRESS	747 Pinebrook Dr E		
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP	Jacksonville, FL 32220		
TITLE	D	☐ DELETE		5.1 TITLE	D	☒ Change	☐ Addition
NAME	RENO, RENE			5.2 NAME	Cathy Dickison		
STREET ADDRESS	7509 OLA AVE			5.3 STREET ADDRESS	2323 Eden Parkway		
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP	Lakeland, FL 33803		
TITLE	D	☐ DELETE		6.1 TITLE	D	☒ Change	☐ Addition
NAME	BEAVOR, TONY			6.2 NAME	Tony Beavor		
STREET ADDRESS	7607 CLUB DUCKY			6.3 STREET ADDRESS	7607 Club Ducky		
CITY-ST-ZIP	JACKSONVILLE FL			6.4 CITY-ST-ZIP	Jacksonville, FL 32244		

14. I 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, with all other like empowered.

SIGNATURE:

Charles Frierson (CHARLES FRIERSON)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 29, 1999 (904) 905-8113
Date Daytime Phone #

CR2E037 (1/98)