2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 09, 2004 8:00 am Secretary of State DOCUMENT # N37163 08-09-2004 90012 031 ****61.25 1. Entity Name SUWANNEE BICYCLE ASSOCIATION, INC. Principal Place of Business Mailing Address 10570 BRIDGE STREET P.O. BOX 247 WHITE SPRINGS FL 32096 WHITE SPRINGS FL 32096 -2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (4/04) MOORE City & State City & State Applied For 59-3004468 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURDEN, LYS Street Address (P.O. Box Number is Not Acceptable) 320 S. MAIN STREET HIGH SPRINGS FL 32643 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to. \$5.00 May Be Due By September 8, 2004 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD የሰ X Delete TITLE Change BURDEN, LYS WILLERT, FERRY 12585 EAST WALTON DR. NAME 320 SOUTH MAIN ST. STREET ADDRESS STREET ADDRESS HIGH SPRINGS FL 32643 34436 CITY-ST-ZIP CITY-ST-ZIP FLORAL CITY, FLA Delete **Change ⊠** Addition HALL, SUSANNE SAM VEAL NAME 16 PONTE VEIDRA CIRCLE 7138 CYPRESS COVE RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL-32244 PONTO VEORA, FL. 32082 CITY-ST-ZIP CITY-ST-ZIP Delete --TITLE" noitibbA [TAYLOR, JOY NAME NAME 4700 SR 16 STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE FL 32092 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition FRIERSON, CHARLES NAME NAME 747 PINEBROOK DR. E STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32220 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE 🔀 Addition SCOTTCHASE CARROLL, HANNA NAME NAME 2801 NIW. 23 RD BLUD. FR-117 1212 THOMWALL ST. STREET ADDRESS STREET ADDRESS VALDOSTA GA 31602 CITY-ST-ZIP CITY-ST-ZIP GAINESVELLE, FLA 32605 ☐ Delete TITLE Change ☐ Addition HARGRAVE, JEANNE NAME NAME 126 HEATHER WAY STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Frierrom

Ougust 5, 2004

FILED