2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State
01-31-2007 90047 014 ****61.25

DOCUMENT # N37163

1. Entity Name

SUWANNEE BICYCLE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10570 BRIDGE STREET WHITE SPRINGS FL 32096	12585 E WALTON DR FLORAL CITY FL 34436

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLERT, JERRY 12585 E WALTON DRIVE FLORAL CITY FL 34436	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD WILLERT, JERRY 12585 EAST WALTON DR FLORAL CITY FL 34436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP Shore, Rick 228 St. Augustine Blvd Jacksonville Beach, FL 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD WILLS, BILL 2852 B PAR LANE TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Wills, Bill 2852-B Par Lane Tallahassee, FL 32301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD TAYLOR, JOY 4700 SR 16 SAINT AUGUSTINE FL 32092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	McCook, Edwin O P.O. Box 456 Live Oak, FL 32064-0456	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP FRANLEY, KIM 5216 TIMUCUA CIRCLE SAINT AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD Frawley, Kim 5216 Timucua Circle St. Augustine, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CHASE, SCOTT 6531 NW 37TH TERRACE GAINSVILLE FL 32658	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Benor, Tony 17 SE 13cd Terrace Gainsville, FL 32641	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HARGRAVE, JEANNE 126 HEATHER WAY ORANGE PARK FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Shea, Sharon 1309 Noe Court Neptune Beach, FL 32266	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Jerald F. Willert JERALD F. WILLERT 1-23-2007 352-344-1004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #