

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90017 025 \*\*\*\*70.00

**DOCUMENT # N37163**

1. Entity Name

SUWANNEE BICYCLE ASSOCIATION, INC.



Principal Place of Business

10570 BRIDGE STREET  
WHITE SPRINGS FL 32096

Mailing Address

12585 E WALTON DR  
FLORAL CITY FL 34436

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

228 ST. AUGUSTINE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE BEACH FL.

Zip

Country

Zip

Country

32250

DUVAL

1st MOORE

CR2E037 (10/07)

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 RICHARD SHORE

Street Address (P.O. Box Number is Not Acceptable)  
228 ST. AUGUSTINE BLVD.

City JACKSONVILLE BEACH

FL

Zip Code 32250

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

R Shore RICHARD SHORE

2-4-08

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, 2008**

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 TD  
NAME WILLERT, JERRY ☒ Delete  
STREET ADDRESS 12585 EAST WALTON DR  
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE TD  
NAME RICHARD SHORE ☐ Change ☒ Addition  
STREET ADDRESS 228 ST. AUGUSTINE BLVD  
CITY-ST-ZIP JACKSONVILLE BEACH FL. 32250

TITLE D  
NAME WILLS, BILL ☒ Delete  
STREET ADDRESS 2852 B'PAR LANE  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE VD  
NAME FRANK BENEDETTO ☐ Change ☒ Addition  
STREET ADDRESS 2829 CEDAR CREST DRIVE  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE SD  
NAME TAYLOR, JOY ☐ Delete  
STREET ADDRESS 4700 SR 16  
CITY-ST-ZIP SAINT AUGUSTINE FL 32092

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME FRAWLEY, KIM ☐ Delete  
STREET ADDRESS 5216 TIMUCUA CIRCLE  
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CHASE, SCOTT ☐ Delete  
STREET ADDRESS 6531 NW 37TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32658

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME HARGRAVE, JEANNE ☐ Delete  
STREET ADDRESS 126 HEATHER WAY  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

R Shore RICHARD SHORE

2-4-08

904-249-0045