

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44997

FILED
Mar 25, 2009
Secretary of State

Entity Name: NORTH FLORIDA BICYCLE CLUB, INC.

Current Principal Place of Business:

3214 LENOX AVENUE
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40995
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 59-3094791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGOLDRICK, KATHRYN A T
7323 ELWOOD AVE
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

LINDSEY, JAMES D T
417 BRIGHT STAR LANE
JACKSONVILLE, FL 32225 US

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.

SIGNATURE: JAMES D. LINDSEY

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLASSCOCK, DENNIS
Address: 3715 ORLANDO CIR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: V () Delete
Name: RIGGS, CLYDE
Address: 4118 SHARBETH DR. W.
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: MCGOLDRICK, KATHRYN A
Address: 7323 ELWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: CROCKER, JOHN
Address: 111 BUSCH DR.
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: SWANSON, GARY
Address: 5436 DOWNINGTON DR
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LINDSEY, JAMES D
Address: 417 BRIGHT STAR LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D. LINDSEY

T

03/25/2009

Electronic Signature of Signing Officer or Director

Date