2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N45596

Entity Name: GAINESVILLE CYCLING CLUB, INC.

Current Principal Place of Business:

5015 N. W. 19TH PLACE
GAINESVILLE, FL 326050435

New Principal Place of Business:

Current Mailing Address:

5015 N. W. 19TH PLACE
GAINESVILLE, FL 326050435

New Mailing Address:

FEI Number: 59-3132423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMBERT, TONIA R
15506 N.W. 118TH AVENUE
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

STOCKWELL, ARTHUR R
1839 SW 65TH DR
GAINESVILLE, FL 32607 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: ARTHUR STOCKWELL 04/26/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OTIS, CHANDLER
Address: 2123 NW 4TH PLACE
City-St-Zip: GAINESVILLE, FL 32603

Title: VP ( ) Delete
Name: WILT, ROB
Address: 4524 NW 23RD AVENUE, APT. #E
City-St-Zip: GAINESVILLE, FL 32606

Title: T ( ) Delete
Name: LAMBERT, TONIA R
Address: 15506 NW 118TH AVENUE
City-St-Zip: ALACHUA, FL 32615

Title: SD ( ) Delete
Name: PIERCE, ROGER
Address: 5015 NW 19TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: P ( ) Delete
Name: NEWMAN, ROBERT
Address: 2530 NW 12TH AVE
City-St-Zip: TAMPA, FL 33605

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: SEC ( ) Change (X) Addition
Name: STOCKWELL, ARTHUR M TREASUR
Address: 1839 SW 65TH DRIVE
City-St-Zip: GAINESVILLE, FL 32607

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: ARTHUR STOCKWELL TREA 04/26/2007
Electronic Signature of Signing Officer or Director Date