

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45596

FILED  
Feb 12, 2012  
Secretary of State

**Entity Name:** GAINESVILLE CYCLING CLUB, INC.

**Current Principal Place of Business:**

5015 NW 19TH PLACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

5015 NW 19TH PLACE  
GAINESVILLE, FL 32605

**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:**

PIERCE, ROGER C  
5015 NW 19TH PLACE  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: OTIS, CHANDLER  
Address: 2123 NW 4TH PLACE  
City-St-Zip: GAINESVILLE, FL 32603

Title: PRES  
Name: NEWMAN, BOB  
Address: 2530 NW 12TH AVE  
City-St-Zip: GAINESVILLE, FL 32605

Title: DIR  
Name: PIERCE, ROGER C  
Address: 5015 NW 19TH PL  
City-St-Zip: GAINESVILLE, FL 32605

Title: VP  
Name: WILT, ROB  
Address: 3425 NW 156TH AVE  
City-St-Zip: GAINESVILLE, FL 32609

Title: TRES  
Name: RITARI, RICHARD  
Address: 6015 NW 37TH DR  
City-St-Zip: GAINESVILLE, FL 32653

Title: DIR  
Name: WILSON, JIM  
Address: 620 NW 27TH WAY  
City-St-Zip: GAINESVILLE, FL 32607

I hereby 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 all other like empowered.

SIGNATURE: RICHARD RITARI

TRES

02/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date