

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90096 025 ****61.25

DOCUMENT # N93000003714

1. Entity Name
P.C. FLYERS BICYCLING CLUB, INC.



Principal Place of Business
**PO BOX 15966
PANAMA CITY, FL 32406-5966**

Mailing Address
**PO BOX 15966
PANAMA CITY, FL 32406-5966**

50033726



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3205010

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MESSER, CHARLES L
9524 AUGER AVE.
BEACON HILL, FL 32456**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **SD** ☐ Delete
NAME **DESERCY, ANNETTE**
STREET ADDRESS **17008 GUAVA AVE**
CITY-ST-ZIP **PANAMA CITY BCH, FL 32408**

TITLE ☐ Change ☐ Addition
NAME **Tony Laramore**
STREET ADDRESS **Tony Laramore**
CITY-ST-ZIP **3605 E Hwy 30 A #225**

TITLE **VPD** ☒ Delete
NAME **LAWRENCE, HENRY**
STREET ADDRESS **1725 PALMETTO**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE ☐ Change ☒ Addition
NAME **3605 E Hwy 30 A #225**
STREET ADDRESS **Seaprove Bch FL 32459**
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MESSER, CHARLES L**
STREET ADDRESS **9524 AUGER AVE.**
CITY-ST-ZIP **BEACON HILL, FL 32456**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Charles L Messer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05 850-227-5304

Date Daytime Phone #