


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005450 (8)
1. Corporation Name
FLORIDA BICYCLE ASSOCIATION, INC.



Principal Place of Business 1725 PALMETTO AVE. PANAMA CITY FL 32401	Mailing Address 1725 PALMETTO AVE. PANAMA CITY FL 32401
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3. Date Incorporated or Qualified
09/24/1997

4. FEI Nun 59-3469746	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 737 S. Mills Ave.
22 City & State	27 Orlando FL
23 Zip	28 32801
24 Country	29 Orange

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**LAWRENCE, HENRY N III
1725 PALMETTO AVE.
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D LAWRENCE, HENRY N III 1725 PALMETTO AVE. PANAMA CITY FL 32401	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D BURDEN, LYS 320 S. MAIN ST. HIGH SPRINGS FL 32843	2.1 TITLE	2.2 NAME
<input type="checkbox"/> DELETE	D WILSON, CAROL 737 S. MILLS AVE. ORLANDO FL 32801	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	D HOLT, KATHY 315 14TH AVE. W. PALMETTO FL 34221	3.1 TITLE	3.2 NAME
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
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<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol A. Wilson* **Carol A. Wilson** 1-11-98 407-898-4137

CR2E037 (10/97)