

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005450

FILED
Apr 19, 2005
Secretary of State

Entity Name: FLORIDA BICYCLE ASSOCIATION, INC.

Current Principal Place of Business:

303 TWELVE OAKS DR
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

20420 NE 132 AVENUE
WALDO, FL 32694 US

Current Mailing Address:

FLORIDA BICYCLE ASSOCIATION
PO BOX 1547
ORLANDO, FL 32802 US

New Mailing Address:

FLORIDA BICYCLE ASSOCIATION
PO BOX 708
WALDO, FL 32694 US

FEI Number: 59-3469746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLAM, LAURA
303 TWELVE OAKS DRIVE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

HALLAM, LAURA
20420 NE 132 AVENUE
WALDO, FL 32694 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:

04/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENDERSON, DAVID
Address: 111 NW FIRST ST.,STE 910
City-St-Zip: MIAMI, FL 33128

Title: D () Delete
Name: PULLEY, CAROL
Address: 3435 N. 12TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: MICHAEL, BOB
Address: 1861 CEDAR GLEN DRIVE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: MOSER, DAN
Address: 1449 LINHART AVENUE
City-St-Zip: FT MYERS, FL 33901

Title: D () Delete
Name: RUSSO, TINA
Address: 7125 LAUDER PL
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: WILSON, MICHAEL R
Address: 737 S MILLS AVENUE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BRAVERMAN, DON
Address: 27 STRATFORD LANE WEST APT A
City-St-Zip: BOYNTON BEACH, FL 33436

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

Title: D (X) Change () Addition
Name: RUSSO, TINA
Address: 9221 WEST WATERS AVENUE
City-St-Zip: TAMPA, FL 33635

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL WILSON

D

04/19/2005

Electronic Signature of Signing Officer or Director

Date