

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2006
Secretary of State**

DOCUMENT# N97000005450

Entity Name: FLORIDA BICYCLE ASSOCIATION, INC.

Current Principal Place of Business:

20420 NE 132 AVENUE
WALDO, FL 32694 US

New Principal Place of Business:

Current Mailing Address:

FLORIDA BICYCLE ASSOCIATION
PO BOX 708
WALDO, FL 32694 US

New Mailing Address:

FLORIDA BICYCLE ASSOCIATION
PO BOX 718
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
20420 NE 132 AVENUE
WALDO, FL 32694 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: 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: BRAVERMAN, DON
Address: 27 STRATFORD LANE WEST APT A
City-St-Zip: BOYNTON BEACH, FL 33436

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

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

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: () 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:

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

D

04/14/2006

Electronic Signature of Signing Officer or Director

_____ Date