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Secretary of State

03-01-1999 90165 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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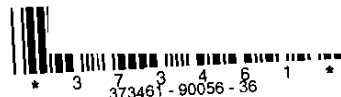
1. Corporation Name

FLORIDA POLICE MOUNTAIN BIKE ASSOCIATION, INC.

Principal Place of Business

6501 SEABORAD AVE.
JACKSONVILLE FL 32244

Mailing Address

6501 SEABORAD AVE.
JACKSONVILLE FL 32244

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/30/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	Applied For
City & State	City & State	☒ Not Applicable
23	28	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
24	29	Trust Fund Contribution
Country	Country	
25	30	

9. Name and Address of Current Registered Agent

FARO, J J JR
6501 SEABORAD AVE
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres. DIR ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	J. J. Faro, Jr.	1.2 NAME	
STREET ADDRESS	6501 Seaboard Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32244	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	Vice Pres DIR ☐ DELETE	2.1 TITLE	
NAME	Joseph E. Sisti	2.2 NAME	
STREET ADDRESS	8 Seven Champions Path N. #353797	2.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Coast FL 32164	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	Secretary DIR ☐ DELETE	3.1 TITLE	
NAME	Neil B. Bronner	3.2 NAME	
STREET ADDRESS	216 Swallow Rd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32086	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	Treasurer DIR ☐ DELETE	4.1 TITLE	
NAME	Virgil T. White	4.2 NAME	
STREET ADDRESS	630 Pop Rd #26	4.3 STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32084	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-779-7536

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