2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

Photograph Place of Business	DOCUMENT # N9800006835 1. Entity Name FLORIDA POLICE MOUNTAIN BIKE ASSOCIATION, INC.						04-26-2004	4 90534 00)7 **** <i>6</i>	51.25	
Suite, Apt. #, etc. Suite Suite Apt. #, etc. Q423204 Chg-NP CR2E037 (10/03)	6501 SEABORAD AVE. 6501 SEABORAD AVE.							-		•	
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See to Country	City & State		City & State		4. FEI Number 59-34966	75					
FARO, J J JR 6501 SEABORAD AVE. JACKSONVILLE, FL 32244 8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordae. I am familiar with, and accept time obligations of registered agent. SIGNATURE Signature, feed or primed reme of inquisered agent and like it explicite.	Zip	Country Zip		Cou	Country		.,	S8.75 Additional			
FARC, J J J R 6501 SEABORAD AVE. JACKSONVILLE, FL 32244 8. The above named antity 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. 9. Eloction Campalign Financing Trust Fund Contribution. Filling Fee is \$61.25 Due by May 1, 2004 9. Eloction Campalign Financing Trust Fund Contribution. 9. Addition Financing Trust Fund Contribution. 9. Eloction Campalign Financing Trust Fund Contribut		6. Name and Address of Current Regist	ered Agent		ta ayang a sarang	.7. Name and Ad	dress of New F	legistered Ag	ent .		
STORMATURE 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	FARO J.I	.IR]	Name						
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signatrure Signatrur					City		, 	FI	Zip Code	3	
SIGNATURE Filing Fee is \$61.25 Due by May 1, 2004 Provided name of registered agent and title if applicable. NOTE Registered Agent agent and related when releasting) DATE	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										
Signature, Nyped or printed name of legislaterial agoint and title if applicable. NOTE Registerized Agont signature required when reinstating) DATE											
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. TILE PD FARO, J J JR 6501 SEABOARD AVE JAX, FL 322443965	SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE:	Registered	Agent signature required	when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
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142. Thereby certify that the information supplied with this litting does not quality for me exemption stated in Section 1.19-07(3)(f), Florida Statutes. Former certify that the information indicated on this report or suppliemental 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 exacute 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 appears, with all other like empowered.

SIGNATURE

ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04 904 775 7536