## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002833

FILED Apr 26, 2008 Secretary of State

Entity Name: PARK TO PARK BIKE PATH COMMITTEE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 15 HICKORY AVENUE 14 HICKORY AVENUE YANKEETOWN, FL 34498 YANKEETOWN, FL 34498 **Current Mailing Address: New Mailing Address:** PO BOX 161 YANKEETOWN, FL 34498 FEI Number: 59-3630778 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WINTERS, ELISE K 1006 DREW STREET CLEARWATER, FL 33755 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PSD () Delete (X) Change ( ) Addition PHARES, RAY Name: PHARES, RAY Name: 15 HICKORY AVE. Address: 14 HICKORY AVE. Address: City-St-Zip: YANKEETOWN, FL 34498 City-St-Zip: YANKEETOWN, FL 34498 Title: Title: ( ) Delete () Change () Addition MOORE, MARK Name: Name: Address: PO BOX 9 Address: City-St-Zip: YANKEETOWN, FL 34498 City-St-Zip: Title: () Delete Title: () Change () Addition CLARY, DAWN M Name: Name: Address: PO BOX 248 Address: City-St-Zip: YANKEETOWN, FL 34498 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: KELLMAN, DICK Name: 114 ALLEN AVE. Address: Address: City-St-Zip: INGLIS, FL 34449 City-St-Zip: Title: () Delete Title: () Change () Addition SPETZ, GLEN Name: Name: 5701 RIVERSIDE DRIVE Address: Address: City-St-Zip: YANKEETOWN, FL 34498 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition COHAN, LARRY COHAN, LARRY Name: Name: PO BOX201 PO BOX 201 Address: Address: YANKEETOWN, FL 34498 YANKEETOWN, FL 34498 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LAWRENCE L. COHAN T&D 04/26/2008