

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007360

Entity Name: CHRISTMAS BIKE PROGRAM, INC**Current Principal Place of Business:**490 MOFFAT LOOP
OVIEDO, FL 32765**Current Mailing Address:**490 MOFFAT LOOP
OVIEDO, FL 32765 US**FEI Number:** 90-0752605**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARRETT, RYAN H
490 MOFFAT LOOP
OVIEDO, FL 32765 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:** RYAN GARRETT

04/30/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	OFFICER
Name	ROBOSKI, W.S JR.
Address	137 CONCORD DRIVE 1101
City-State-Zip:	CASSELBERRY FL 32707

Title	PRESIDENT
Name	NICKERSON, SCOTT
Address	490 MOFFAT LOOP
City-State-Zip:	OVIEDO FL 32765

Title	SECRETARY
Name	STUMBO, SHERRIE
Address	490 MOFFAT LOOP
City-State-Zip:	OVIEDO FL 32765

Title	TREASURER
Name	GARRETT, RYAN
Address	490 MOFFAT LOOP
City-State-Zip:	OVIEDO FL 32765

Title	OFFICER
Name	WITTMER, GREG
Address	490 MOFFAT LOOP
City-State-Zip:	OVIEDO FL 32765

Title	VP
Name	ARTHUR, TOM
Address	490 MOFFAT LOOP
City-State-Zip:	OVIEDO FL 32765

I hereby 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 all other like empowered.

SIGNATURE: RYAN GARRETT**TREASURER**

04/30/2017

Electronic Signature of Signing Officer/Director Detail

Date