

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008934

**Entity Name:** SOUTHERN OFF-ROAD BICYCLE ASSOCIATION FLAGLER  
CHAPTER INC

**Current Principal Place of Business:**

34 UPSHIRE PATH  
PALM COAST, FL 32164

**Current Mailing Address:**

2125 ELACHEE DR  
GAINESVILLE, GA 30504 US

**FEI Number:** 27-3844966

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRANKENBERRY, JOSH PRES  
34 UPSHIRE PATH  
PALM COAST, FL 32164 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:** JOSH FRANKENBERRY

04/08/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SAURET, THOMAS J  
Address 2125 ELACHEE DR  
City-State-Zip: GAINESVILLE GA 30504

Title P  
Name GLASCOCK, DARRYL  
Address 2125 ELACHEE DR  
City-State-Zip: GAINESVILLE GA 30504

Title D  
Name ALLEN, ANGELA  
Address 2125 ELACHEE DR  
City-State-Zip: GAINESVILLE GA 30504

Title D  
Name CORWINE, RENEE  
Address 2125 ELACHEE DR  
City-State-Zip: GAINVILLE GA 30504

Title TRREASURER  
Name NUGENT, THOMAS TREAS  
Address 30 LLESTONE PATH  
City-State-Zip: PALM COAST FL 32164

*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:** THOMAS NUGENT

TRES

04/08/2013

Electronic Signature of Signing Officer/Director Detail

Date