

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005450

Entity Name: FLORIDA BICYCLE ASSOCIATION, INC.

Current Principal Place of Business:

336 N. WOODLAND BLVD.
DELAND, FL 32720

FILED
Mar 21, 2014
Secretary of State
CC4600029841

Current Mailing Address:

PO BOX 916715
LONGWOOD, FL 32791 US

FEI Number: 59-3469746

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BUSTOS, TIMOTHY MSR.
336 N. WOODLAND BLVD.
DELAND, FL 32720 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

Officer/Director Detail :

Title PRESIDENT
Name HOHLSTEIN, JODI
Address 3838 CARDINAL OAKS CIRCLE
City-State-Zip: ORANGE PARK FL 32065

Title VP
Name LANG, EARL
Address 1700 TAMIAMI TRAIL
 E-5
City-State-Zip: PORT CHARLOTTE FL 33948

Title SECRETARY
Name HOHLSTEIN, JEFF
Address 3838 CARDINAL OAKS CIRCLE
City-State-Zip: ORANGE PARK FL 32065

Title TREASURER
Name WILSON, MIGHK
Address 737 S. MILLS AVENUE
City-State-Zip: ORLANDO FL 32801

Title D
Name BURNS, CHISTOPHER G. ESQ.
Address 233 EAST BAY STREET
 8TH FLOOR
City-State-Zip: JACKSONVILLE FL 32202

Title D
Name BOL, TIM
Address 301 E. PINE ST.
 SUITE 800
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name CUNNINGHAM, RON
Address 2111 NW 20TH ST.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name EGBERTS, JOHN
Address P.O. 118208
City-State-Zip: GAINESVILLE FL 32611

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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: JODI HOHLSTEIN

PRESIDENT

03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name OLMSTEAD, J. S. ESQ.
Address 14517 N. 18TH ST.
City-State-Zip: TAMPA FL 33613

Title DIRECTOR
Name WENDLER, TED
Address 716 OHIO AVENUE
City-State-Zip: DELAND FL 32724