

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N97000005450

**Entity Name:** FLORIDA BICYCLE ASSOCIATION, INC.

**Current Principal Place of Business:**

250 STRATHMORE AVENUE  
OLDSMAR, FL 34677

**Current Mailing Address:**

PO BOX 2452  
OLDSMAR, FL 34677 US

**FEI Number:** 59-3469746

**Certificate of Status Desired:** No

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

AFONSO, REBECCA JO  
250 STRATHMORE AVENUE  
OLDSMAR, FL 34677 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:** REBECCA AFONSO

04/11/2015

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            OLMSTEAD, J. S. ESQ.  
Address        14517 N 18TH STREET  
City-State-Zip: TAMPA FL 33613

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

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

Title            EXECUTIVE DIRECTOR  
Name            AFONSO, REBECCA JO  
Address        250 STRATHMORE AVENUE  
City-State-Zip: OLDSMAR FL 34677

Title            DIRECTOR  
Name            DODSON, JIM  
Address        427 BUTTONWOOD LANE  
City-State-Zip: CLEARWATER FL 33770

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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:** REBECCA AFONSO

EXECUTIVE DIRECTOR

04/11/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           LEDEW, CHRISTOPHER  
Address        11867 NARROW OAK LANE S.  
City-State-Zip: JACKSONVILLE FL 32223