

3-9-98-3003-C
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 Mar 09 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005180 (2)**

1. Corporation Name

VENICE FIGURE SKATING CLUB, INC.



Principal Place of Business	Mailing Address
1266 US 41 BYPASS S. VENICE FL 34292	1266 US 41 BYPASS S. VENICE FL 34292

3. Date Incorporated or Qualified
10/04/1996

4. FEI Number 65-0704185	Applied For Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No **N/A**

9. Name and Address of Current Registered Agent

CHAMPION, KATHLEEN
1823 ENGLEWOOD ROAD
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name **HOATSON, GAIL**

82 Street Address (P.O. Box Number Is Not Acceptable)
4129 Honolulu DR.

83

84 City **Sarasota** FL 85 Zip Code **34231**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Gail P. Hoatson **2/28/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMPION, KATHLEEN	1.2 NAME	Bonnie Road
STREET ADDRESS	212 PARKVIEW DRIVE	1.3 STREET ADDRESS	2634 Gulf Gate Drive
CITY-ST-ZIP	VENICE FL 34293	1.4 CITY-ST-ZIP	Sarasota, Fl. 34231
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, MEDA	2.2 NAME	Terra Scholz
STREET ADDRESS	881 POINCIANA ROAD	2.3 STREET ADDRESS	1838 Cockleshell DR.
CITY-ST-ZIP	VENICE FL 34292	2.4 CITY-ST-ZIP	Sarasota, Fl. 34231
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOATSON, GAIL	3.2 NAME	Dennis Greer
STREET ADDRESS	4129 HONOLULU DR.	3.3 STREET ADDRESS	3030 Ashton Road
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, Fl. 34231
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATIATO, DEE	4.2 NAME	
STREET ADDRESS	790 PEACHERON CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gail P. Hoatson **2/28/98** (941)954-3403 (x235)

CFR2037 (10/97)