2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004809

FILED Aug 03, 2005 Secretary of State

Entity Name: PENSACOLA FIGURE SKATING CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** PENSACOLA CIVIC CENTER 201 E. GREGORY STREET PENSACOLA, FL 32501 **New Mailing Address: Current Mailing Address:** 596 BAY CLIFFS CIR 596 BAY CLIFFS ROAD GULF BREEZE, FL 325614804 GULF BREEZE, FL 325614804 FEI Number: 11-3645115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLMES, JUDY 596 BAY CLIFFS DR GULF BREEZE, FL 32561 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SUMMERS, DANIEL Name: Name: Address: 3829 SCENIC WAY Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: HOLMES, JUDY Name: HOLMES, JUDY Address: 596 BAY CLIFFS CIR. Address: 596 BAY CLIFFS DR City-St-Zip: GULF BREEZE, FL 325614804 City-St-Zip: GULF BREEZE, FL 32507 Title: () Delete Title: (X) Change () Addition FARRUGIA, CHRIS P Name: BUZIAK, JOHN P Name: 4510 BAYBROOK DRIVE 634 LAKEWOOD ROAD Address: Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN BUZIAK D 08/03/2005