

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002730

FILED
Mar 02, 2004
Secretary of State**Entity Name:** FREE WHEELERS SKATE CLUB OF LEHIGH ACRES, INC.**Current Principal Place of Business:**1002 WASHINGTON AVE
LEHIGH ACRES, FL 33972**New Principal Place of Business:****Current Mailing Address:**1002 WASHINGTON AVE
LEHIGH ACRES, FL 33972**New Mailing Address:****FEI Number:** 71-0920459**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HALLAS, GAIL GHIGNA
1002 WASHINGTON AVE
LEHIGH ACRES, FL 33972**Name and Address of New Registered Agent:**

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:

Title: PD () Delete
Name: HALLAS, GAIL GHIGNA COACH
Address: 1002 WASHINGTON AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VD () Delete
Name: WARD, LANNY
Address: 1002 WASHINGTON AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: SD () Delete
Name: HALLAS, JACK
Address: 1002 WASHINGTON AVE
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GAIL GHIGNA HALLAS

PD

03/02/2004

Electronic Signature of Signing Officer or Director

Date