## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000905

City-St-Zip:

Entity Name: FLORIDAICE SPORT ENDOWMENT INC

FILED Apr 20, 2004 Secretary of State

Littly Nai	ile. FLORIDA	ICE SPORT LINDOWINEINT,	INC.			
Current Principal Place of Business:			New Principal Place of Business:			
3301 SW 1 CAPE COI	I5TH AVE RAL, FL 33914					
Current Mailing Address:			New Mailing Address:			
3301 SW 1 CAPE COR	I5TH AVE RAL, FL 33914					
FEI Number:	: 16-1652725	FEI Number Applied For()	FEI Number Not App	icable ( ) Certi	ficate of Status Desired()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New R	legistered Agent:	
3301 SW 1	THOMAS H 15TH AVE RAL, FL 33914					
	named entity s e of Florida.	ubmits this statement for the լ	purpose of changing i	ts registered office o	or registered agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () DAVIS, CAROLE 21511 BELHAVE ESTERO, FL 33	EN WAY	Title: Name: Address: City-St-Zip:	P (X) Chan BROWN, THOMAS H 3301 SW 15TH AVEN CAPE CORAL, FL 33		
Title: Name: Address: City-St-Zip:	D () LERMAN, ELLEI 2165 BELHAVEI ESTERO, FL 33	I WAY	Title: Name: Address: City-St-Zip:	VP (X) Chang LERMAN, ELLEN 2165 BELHAVEN WA' ESTERO, FL 33928	ge ( ) Addition	
Title: Name: Address: City-St-Zip:	D () MEYER, ANDRE 12319 THIRD ST FT MYERS, FL	-	Title: Name: Address: City-St-Zip:	T (X) Chang MEYER, ANDREA 12319 THIRD ST FT MYERS, FL 33909	ge ( ) Addition	
Title: Name: Address:	()	Delete	Title: Name: Address:	S ( ) Chang PERSONS, MERRIL L 2440 GUINEVERE CO		

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.

City-St-Zip: FORT MYERS, FL 33912

SIGNATURE: THOMAS H. BROWN P 04/20/2004