

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000761

FILED
Apr 08, 2008
Secretary of State

Entity Name: FLORIDA INTERCLUB SKATING COUNCIL, INC.

Current Principal Place of Business:

145 SE 25 RD., #802
MIAMI, FL 33129

New Principal Place of Business:

4390 BROOKER CREEK DRIVE
PALM HARBOR, FL 34685 US

Current Mailing Address:

145 SE 25 RD., #802
MIAMI, FL 33129

New Mailing Address:

4390 BROOKER CREEK DRIVE
PALM HARBOR, FL 34685 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMPSON, DAVID K.
145 SE 25 RD., #802
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

ADDIS, JACQUELINE DP
4390 BROOKER CREEK DRIVE
PALM HARBOR, FL 34685 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: JACQUELINE ADDIS

04/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ADDIS, JACQUELINE
Address: 4390 BROOKER DR.
City-St-Zip: PALM HARBOR, FL 34685

Title: DS () Delete
Name: THOMPSON, DAVID K.
Address: 145 SE 25 RD., #802
City-St-Zip: MIAMI, FL 33129

Title: DT () Delete
Name: SCHERRMERHORN, CHARLOTTE L.
Address: 1374 SE 22 AVE.
City-St-Zip: POMPANO BEACH, FL 33062

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ADDIS, JACQUELINE
Address: 4390 BROOKER CREEK DRIVE
City-St-Zip: PALM HARBOR, FL 34685

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

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

Title: DV () Change (X) Addition
Name: ROBERTS, EARL J VP
Address: 2714 STONEBRIAR WAY
City-St-Zip: STUART, FL 34997 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID K. THOMPSON

DS

04/08/2008

Electronic Signature of Signing Officer or Director

Date