

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2009  
Secretary of State**

DOCUMENT# N07000000761

Entity Name: FLORIDA INTERCLUB SKATING COUNCIL, INC.

**Current Principal Place of Business:**

4390 BROOKER CREEK DRIVE  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4390 BROOKER CREEK DRIVE  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 20-5955811      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**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: DP ( ) Delete  
Name: ADDIS, JACQUELINE  
Address: 4390 BROOKER CREEK DRIVE  
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: DV ( ) Delete  
Name: ROBERTS, EARL J VP  
Address: 2714 STONEBRIAR WAY  
City-St-Zip: STUART, FL 34997 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DS (X) Change ( ) Addition  
Name: THOMPSON, DAVID K  
Address: 20281 EAST COUNTRY CLUB DRIVE, #1205  
City-St-Zip: AVENTURA, FL 33180

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

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

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

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date