2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## DOCUMENT # N26584

1. Entity Name

SECTION THIRTEEN OF THE ROLLER SKATING RINK OPERATORS ASSOCIATION, INC.

Principal Place of Business	
12115 NW 1ST LANE	

Mailing Address

12115 NW 1ST LANE

2. Principal Place of Business	3. Mailing Address	
,	,	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
·		
City & State	City & State	

FILED Mar 26, 2004 8:00 am Secretary of State

Pc

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03-26-2004 90023 041 \*\*\*\*61.25

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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		N	MOORE C	R2E037 (11/03)	
City & State		City & State		4. FEI Number	hber 65-0377557 Applied For Not Application		
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	S8.75 Add Fee Required	
	6. Name and Address of Current Re	gistered Agent		7. Name and Ad	dress of New Regi	stered Agent	
			Name				
120	PRENTICE HALL CORPORATE HAYES ST	TION SYSTEM, INC.	Street Addre	ss (P.O. Box Number is	Not Acceptable)		
	105		1.				
TALLAHASSEE FL 32301			City			FL Zip Code	)
SIGNATURE	Signature, typed or printed name of registered agent and FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Camp Trust Fund Cor	~ ~ —	\$5.00 May Be Added to Fees		Check Payable Department of S	
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANG	GES TO OFFICERS	AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, MELVIN 12115 NW 1ST LANE GAINESVILLE FL 32607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURKETT, ORIS L 12115 NW 1ST LANE GAINESVILLE FL 32607	□ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURKETT, PATTI 12115 NW 1ST LANE GAINESVILLE FL 32607	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE		Delete	TITLE			☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

Pres. 2

352-331-9053

☐ Change

☐ Change

Addition

☐ Addition