


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90230 027 ****70.00

DOCUMENT # N42942	
1. Entity Name SKATERS ACTIVITY FUND EFFORT, INC.	

Principal Place of Business 1884 PAINTED BUNTING PALM HARBOR, FL 34683	Mailing Address PO BOX 14736 CLEARWATER, FL 33766
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2. Principal Place of Business 771 Timuquana Ln.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Palm Harbor, FL	City & State
Zip 34683	Country USA

02272005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3050938	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
LEFAVE, PAUL A 1884 PAINTED BUNTING PALM HARBOR, FL 34683	

7. Name and Address of New Registered Agent	
Name Kathy Winter	
Street Address (P.O. Box Number is Not Acceptable) 771 Timuquana Lane	
City Palm Harbor	FL Zip Code 34683

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kathy Winter Treasurer Kathy Winter 5/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV HALL, DANA 1615 BRADY DRIVE DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEFAVE, PAUL 1884 PAINTED BUNTING PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAINES, SHARI 2800 WITLEY AVE PALM HARBOR, FL 34685 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, SUE 1943 ARGILE DR. DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUFF, PAM 229 NORMANDY CIRCLE E PALM HARBOR, FL 34683 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLO, NANCY 1843 PRINCETON DR CLEARWATER, FL 33765 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dana Hall 2453 Hickman Circle Clearwater, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lisa Lay 2279 Willow Tree Trail Clearwater, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kathy Winter 771 Timuquana Lane Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kelly Kerr 53 Ventura Dr. Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brent Johnston 5724 Bridgeton CT Palm Harbor, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Roger Fox 12518 81st Terr. N Seminole, FL 33776

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.

SIGNATURE: Kathy Winter Treasurer (727) 781-0833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kathy Winter