

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB -8 AM 9:50

**DOCUMENT # N50423**

**(5)**

1. Corporation Name

**SPECIAL SKATERS' SOCIETY, INC.**

Principal Place of Business

Mailing Address

1097 NORTH TAMiami TRAIL  
NOKOMIS FL 34275  
US

1097 N TAMiami TRAIL  
NOKOMIS FL 34275  
US

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                             |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>08/13/1992</b>                                                                                                      | 3a. Date of Last Report<br><b>07/05/1994</b> |
| 4. FEI Number<br><b>65-0336682</b>                                                                                                                          | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status <input checked="" type="checkbox"/>                                                                    | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WENGER, HARRIET B.  
766 SARA BAY ROAD  
OSPREY FL 34229**

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                           |
|----------------------------|---------------------------|-------------------------------------------------------|---------------------------|
| TITLE                      | PD                        | 1.1 TITLE                                             | TD                        |
| NAME                       | WENGER, HARRIET H.        | 1.2 NAME                                              | Roger J. Reid             |
| STREET ADDRESS             | 766 SARA BAY ROAD         | 1.3 STREET ADDRESS                                    | 1015 Sorrento Woods Blvd. |
| CITY - ST - ZIP            | OSPREY FL                 | 1.4 CITY - ST - ZIP                                   | Nokomis, FL 34275         |
| TITLE                      | VD                        | 2.1 TITLE                                             | SD                        |
| NAME                       | SWINT, DAFFNEY N          | 2.2 NAME                                              | Paige, Kelly              |
| STREET ADDRESS             | 713 S. ORANGE AVE.        | 2.3 STREET ADDRESS                                    | 4213 Charing Cross Road   |
| CITY - ST - ZIP            | SARASOTA FL 34236         | 2.4 CITY - ST - ZIP                                   | Sarasota, FL 34241        |
| TITLE                      | SD                        | 3.1 TITLE                                             | D                         |
| NAME                       | RIGGALL, PEGGY            | 3.2 NAME                                              | Hall, Thomas              |
| STREET ADDRESS             | 1139 KETCH LANE           | 3.3 STREET ADDRESS                                    | 1938 Baywood Terrace      |
| CITY - ST - ZIP            | VENICE FL 34292           | 3.4 CITY - ST - ZIP                                   | Sarasota, FL 34231        |
| TITLE                      | TD                        | 4.1 TITLE                                             | D                         |
| NAME                       | REBHAN, SUE               | 4.2 NAME                                              | Ochen, Edward             |
| STREET ADDRESS             | 112 MONET DR              | 4.3 STREET ADDRESS                                    | 342 Red Ash Circle        |
| CITY - ST - ZIP            | NOKOMIS FL 34275          | 4.4 CITY - ST - ZIP                                   | Englewood, FL 34223       |
| TITLE                      | D                         | 5.1 TITLE                                             | D                         |
| NAME                       | DEAN, RUTH                | 5.2 NAME                                              | Underhill, Robert         |
| STREET ADDRESS             | 301 EAGLENOOK WAY         | 5.3 STREET ADDRESS                                    | 1236 Yacht Harbor Dr      |
| CITY - ST - ZIP            | OSPREY FL 34229           | 5.4 CITY - ST - ZIP                                   | Osprey, FL 34229          |
| TITLE                      | D                         | 6.1 TITLE                                             | D                         |
| NAME                       | DIGNAM, WILLIAM P         | 6.2 NAME                                              | Wenger, Carl              |
| STREET ADDRESS             | 1005 SORRENTO WOODS BLVD. | 6.3 STREET ADDRESS                                    | 766 Sarabay Rd            |
| CITY - ST - ZIP            | NOKOMIS FL 34275          | 6.4 CITY - ST - ZIP                                   | Osprey, FL 34229          |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Harriet H. Wenger*

*Harriet H. Wenger*

*2/3/95*

*813-966-4979*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**SPECIAL SKATERS' SOCIETY, INC.**

**Addendum to Corporation Annual Report 1995**

**13. Additions/Changes to Officers and Directors in 12**

|                 |                         |                                                                              |
|-----------------|-------------------------|------------------------------------------------------------------------------|
| 7.1 TITLE       | D                       | <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION |
| 7.2 NAME        | Willis, Janet L.        |                                                                              |
| 7.3 STREET ADD  | 1853 Upper Cove Terrace |                                                                              |
| 7.4 CITY ST ZIP | Sarasota, FL 34231      |                                                                              |

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|                 |                         |                                                                              |
|-----------------|-------------------------|------------------------------------------------------------------------------|
| 8.1 TITLE       | D                       | <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION |
| 8.2 NAME        | Drake, J. Kevin         |                                                                              |
| 8.3 STREET ADD  | 1343 Main St., Ste. 204 |                                                                              |
| 8.4 CITY ST ZIP | Sarasota, FL 34236      |                                                                              |