

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:41

DOCUMENT # **N94000004334 (8)**

1. Corporation Name

**CITRUS FIGURE SKATING CLUB, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5710 MASTERS BLVD  
ORLANDO FL 32819

5710 MASTERS BLVD  
ORLANDO FL 32819

3. Date Incorporated or Qualified

3a. Date of Last Report

09/02/1994

4. FEI Number

59-3245438

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHENKER, DIETGARD E  
5710 MASTERS BLVD  
ORLANDO FL 32819

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 D  
NAME SCHENKER, DIETGARD  
STREET ADDRESS 385 SPRING LAKE HILLS DR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

11 TITLE *D/P*  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D  
NAME WILSON, LORI  
STREET ADDRESS 456 BISON CT  
CITY-ST-ZIP APOPKA FL 32712

21 TITLE *D/W*  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE D  
NAME TAUTE, DEBE  
STREET ADDRESS 5710 MASTERS BLVD  
CITY-ST-ZIP ORLANDO FL 32819

31 TITLE *D/S*  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE D  
NAME DAVIS, GLENDA  
STREET ADDRESS 350 GULF BROOK CIR #108  
CITY-ST-ZIP LONGWOOD FL 32779

41 TITLE *D/T*  Change  Addition  
42 NAME *FRIEDMAN, CHARLES*  
43 STREET ADDRESS *234 EBIS ROAD*  
44 CITY-ST-ZIP *LONGWOOD FL 32719*

TITLE D  
NAME BANTON, ANN  
STREET ADDRESS 8106 BRITT LN  
CITY-ST-ZIP ORLANDO FL 32822

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE D  
NAME VARNEY, NANCY  
STREET ADDRESS 1558 SUNSHINE TREE BLVD  
CITY-ST-ZIP LONGWOOD FL 32779

61 TITLE *D*  Change  Addition  
62 NAME *MATHEWS, CAROL*  
63 STREET ADDRESS *1955 ANGELICA DRIVE*  
64 CITY-ST-ZIP *ORLANDO FL 32836*

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 110.07(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: *Dieta K. Schenker* DIETGARD SCHENKER

Date *3/19/95* (407) 369-9068