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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000004334 (8)

1. Corporation Name
CITRUS FIGURE SKATING CLUB, INC.



Principal Place of Business Mailing Address
7619 PINE MOUNT DRIVE ORLANDO FL 32819 US
7619 PINE MOUNT DRIVE ORLANDO FL 32819-4657 US

3. Date Incorporated or Qualified 09/02/1994
3a. Date of Last Report 04/09/1996

2. Principal Place of Business 2a. Mailing Address
21 5336 HILLSIDE DRIVE 26 5336 HILLSIDE DRIVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 ORLANDO, FL 27
City & State City & State
23 28 ORLANDO, FL
Zip Zip Country Country
24 32810 25 USA 29 32810 30 USA

4. FEI Number 59-3245438 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SCHENKER, DIETGARD E
5710 MASTERS BLVD
ORLANDO FL 32819

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
385 SPRING LAKE HILLS DRIVE
83
84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Dietgard E. Schenker DIETGARDE SCHENKER/PRESIDENT
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILSON, LORRI	
STREET ADDRESS	456 BISON CIRCLE	
CITY - ST - ZIP	APOPKA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SCHENKER, DIETGARD	
STREET ADDRESS	385 SPRING LAKE HILLS DR	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HANUSCHIK, MARTI	
STREET ADDRESS	7619 PINE MOUNT DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, CHARLES	
STREET ADDRESS	234 IBIS RD	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANTON, ANN	
STREET ADDRESS	8106 BRITT LN	
CITY - ST - ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHEWS, CAROL	
STREET ADDRESS	8955 ANGELICA DR	
CITY - ST - ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHENKER, DIETGARD	
1.3 STREET ADDRESS	385 SPRING LAKE HILLS DRIVE	
1.4 CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILSON, LORRI	
2.3 STREET ADDRESS	456 BISON CIRCLE	
2.4 CITY - ST - ZIP	APOPKA, FL 32712	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McELWAIN, ELLEN	
3.3 STREET ADDRESS	5336 HILLSIDE DRIVE	
3.4 CITY - ST - ZIP	ORLANDO, FL 32810	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MACHALEK, SUSAN	
4.3 STREET ADDRESS	143 WEATHERS FIELD	
4.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRIEDMAN, CHARLES	
5.3 STREET ADDRESS	234 IBIS RD	
5.4 CITY - ST - ZIP	LONGWOOD, FL 32779	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MATHEWS, CAROL	
6.3 STREET ADDRESS	8955 ANGELICA DR	
6.4 CITY - ST - ZIP	ORLANDO, FL 32836	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), 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: Dietgard E. Schenker DIETGARDE E. SCHENKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)