

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 5336 HILLSIDE DR. ORLANDO FL 32810 US		Mailing Address 5336 HILLSIDE DR. ORLANDO FL 32810 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	25
Country	Zip	29	30

3. Date Incorporated or Qualified
09/02/1994

4. FEI Number
59-3245438

Applied For
 Yes 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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**SCHENKER, DIETGARD E
385 SPRING LAKE HILLS DR.
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEKER, DIETAGO	1.2 NAME	SCHENKER, DIETGARD
STREET ADDRESS	385 SPRING LAKE HILLS DR	1.3 STREET ADDRESS	385 SPRING LAKE HILLS DR
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, LORRI	2.2 NAME	WILSON, LORRI
STREET ADDRESS	458 BISON CIR	2.3 STREET ADDRESS	458 BISON CIR.
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	APOPKA, FL.
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCELWAIN, ELLEN	3.2 NAME	MCCELWAIN, ELLEN
STREET ADDRESS	5336 HILL SIDE DR	3.3 STREET ADDRESS	5336 HILLSIDE DR.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHALEK, SUSAN	4.2 NAME	FRIEDMAN, CHARLES
STREET ADDRESS	143 WEATHERS FIELD	4.3 STREET ADDRESS	234 IBIS RD.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	LONGWOOD, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, CHARLES	5.2 NAME	BANTON, ANN
STREET ADDRESS	234 IBIS RD	5.3 STREET ADDRESS	8106 BRITT DR.
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	ORLANDO, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, CAROL	6.2 NAME	MATHEWS, KATE
STREET ADDRESS	8955 ANGELICA DR	6.3 STREET ADDRESS	312 MERRIE OAKS RD.
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	WINTER PARK, FL

14. 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 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 in an attachment with an address.

SIGNATURE: *Charles Friedman* **Charles Friedman** 1/25/98 (407) 788-6249

CR2E037 (10/97)