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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004334

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/02/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3245438
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV SCHENKER, DIETGARD	1.1 TITLE	President
NAME	385 SPRING LAKE HILLS DR	1.2 NAME	Schenker, Dietgard
STREET ADDRESS	ALTAMONTE SPRINGS FL	1.3 STREET ADDRESS	385 Spring Lake Hills Dr.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Altamonte Springs, FL
TITLE	DP WILSON, LORRI	2.1 TITLE	Vice President
NAME	456 BISON CIR	2.2 NAME	Kate Mathews
STREET ADDRESS	APOPKA FL	2.3 STREET ADDRESS	312 Merrie Oaks Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Winter Park, FL
TITLE	DS MCELWAIN, ELLEN	3.1 TITLE	DS
NAME	5336 HILL SIDE DR	3.2 NAME	SAME
STREET ADDRESS	ORLANDO FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DT FRIENDMAN, CHARLES	4.1 TITLE	Treasurer
NAME	234 IBIS RD	4.2 NAME	Friedman, Frieda
STREET ADDRESS	LONGWOOD FL	4.3 STREET ADDRESS	234 Ibis Rd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Longwood, FL
TITLE	D BANTON, ANN	5.1 TITLE	D
NAME	8106 BRITT DR	5.2 NAME	SAME
STREET ADDRESS	ORLANDO FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MATHEWS, KATE	6.1 TITLE	Marti Hanuschik
NAME	312 MERRIE OAKS RD	6.2 NAME	7619 Pinemount Dr
STREET ADDRESS	WINTER PARK FL	6.3 STREET ADDRESS	Orlando, FL
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dietgard Schenker DATE: 01/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)