

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004334

FILED
Mar 29, 2008
Secretary of State

Entity Name: CITRUS FIGURE SKATING CLUB, INC.

Current Principal Place of Business:

THE ICE FACTORY
2221 PARTIN SETTLEMENT RD
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

6190 E. IRLO BRONSON MEM. HWY.
ST. CLOUD, FL 34771 US

New Mailing Address:

FEI Number: 59-3245438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUPP, SHARON M
6190 E. IRLO BRONSON MEM. HWY.
ST. CLOUD, FL 34771 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHAU, AGNES
Address: 7313 HARLIE STREET
City-St-Zip: ORLANDO, FL 32819

Title: V () Delete
Name: TAVERNIER-ALMADA, LINDA M
Address: 1578 ELF STONE DRIVE
City-St-Zip: CASSELLBERRY, FL 32707 US

Title: T () Delete
Name: RUPP, SHARON M
Address: 6190 E. IRLO BRONSON MEM. HWY.
City-St-Zip: ST. CLOUD, FL 34771 US

Title: D (X) Delete
Name: NOBLE, JEANNENE
Address: 9658 WOLCOTT PLACE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: NOBLE, JEANNENE
Address: 2202 SW MT VERNON STREET
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON M RUPP

T

03/29/2008

Electronic Signature of Signing Officer or Director

_____ Date