

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004334

FILED
Feb 12, 2009
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:

6190 ALLIGATOR LAKE SHORE WEST
ST. CLOUD, FL 34771

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:

RUPP, SHARON M
6190 ALLIGATOR LAKE SHORE WEST
ST. CLOUD, FL 34771 US

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: _____

02/12/2009

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: RUPP, SHARON M
Address: 6190 ALLIGATOR LAKE SHORE WEST
City-St-Zip: ST. CLOUD, FL 34771 US

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 RUPP

T

02/12/2009

Electronic Signature of Signing Officer or Director

Date