

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004334

**FILED**  
**Jan 16, 2011**  
**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 ALLIGATOR LAKE SHORE WEST  
ST. CLOUD, FL 34771

**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 ALLIGATOR LAKE SHORE WEST  
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  
Name: CHAU, AGNES  
Address: 7313 HARLIE STREET  
City-St-Zip: ORLANDO, FL 32819

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

I hereby 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 all other like empowered.

SIGNATURE: SHARON M RUPP

T

01/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date