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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002192 (1)
1. Corporation Name

FRIENDS OF SKATING, T.S.I., INC.



Principal Place of Business

Mailing Address

1097 N TAMiami TR
NOKOMIS FL 34275

1097 N TAMiami TR
NOKOMIS FL 34275-2163

3. Date Incorporated or Qualified
05/01/1995

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 1266 U.S. 41 Bypass, S.

26 1266 US 41 Bypass, S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
23 Venice, FL

27
28 Venice, FL

City & State

City & State

24 34292 25 USA

29 34292 30 USA

Zip

Country

Zip

Country

4. FEI Number
65-0580211

Applied For
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAIGE, CARRIE
4213 CHARING CROSS RD
SARASOTA FL 34241

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 *Carrie Paige Carrie Paige*

2/28/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME PAIGE, CARRIE
STREET ADDRESS 4213 CHARING CROSS RD
CITY-ST-ZIP SARASOTA FL 34241

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME SPINALE, LINDA
STREET ADDRESS 8773 MIDNIGHT PASS RD #5038
CITY-ST-ZIP SARASOTA FL 34242

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD DELETE
NAME PEARCE, ANGIE
STREET ADDRESS 432 BAYSHORE DRIVE
CITY-ST-ZIP VENICE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME BAUR, MARIANN
STREET ADDRESS 910 S DORAL LN
CITY-ST-ZIP VENICE FL 34293

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Carrie Paige Carrie Paige* 2/28/97 (941)484-0080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0064074

CFR2E037 (9/96)