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FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
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

**1097 N TAMiami TR  
NOKOMIS FL 34275**

Mailing Address

**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

**21 1266 U.S. 41 Bypass, S.**

2a. Mailing Address

**26 1266 US 41 Bypass, S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

**23 Venice, FL**

City &amp; State

**28 Venice, FL**

Zip

**24 34292**

Country

**25 USA**

Zip

**29 34292**

Country

**30 USA**

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

**PAIGE, CARRIE  
4213 CHARING CROSS RD  
SARASOTA FL 34241**

10. Name and Address of New Registered Agent

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**

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

(NOTE: Registered Agent signature required when reinstating)

**2/28/97**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETENAME **PAIGE, CARRIE**  
STREET ADDRESS **4213 CHARING CROSS RD**  
CITY-ST-ZIP **SARASOTA FL 34241**TITLE **VD** ☐ DELETENAME **SPINALE, LINDA**  
STREET ADDRESS **8773 MIDNIGHT PASS RD #5036**  
CITY-ST-ZIP **SARASOTA FL 34242**TITLE **SD** ☐ DELETENAME **PEARCE, ANGIE**  
STREET ADDRESS **432 BAYSHORE DRIVE**  
CITY-ST-ZIP **VENICE FL**TITLE **TD** ☐ DELETENAME **BAUR, MARIANN**  
STREET ADDRESS **910 S DORAL LN**  
CITY-ST-ZIP **VENICE FL 34293**TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/97 (941) 484-0080**

Date

Daytime Phone # **0064074**

CR2E037 (9/96)