

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004577 (1)

1. Corporation Name

SILVERBLADES ICE SKATING FOUNDATION, INC.



Principal Place of Business

Mailing Address

7500 CANADA AVE.
ORLANDO FL 32819

7500 CANADA AVE.
ORLANDO FL 32819

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3374904

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

SCHNECK, GLENN A
2412 COCO BAY CIR.
KISSIMMEE FL 34743

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

Glenn A. Schneck, President

(NOTE: Registered Agent signature required when reinstating)

April 29, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DP
SCHNECK, GLENN A
STREET ADDRESS
2412 COCO BAY CIR.
CITY-ST-ZIP
KISSIMMEE FL 34743

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
Vice President
Leigh Elliott
1.3 STREET ADDRESS
413 S. Lakeshore Drive
1.4 CITY-ST-ZIP
Ocoee, Florida 34761

TITLE ☒ DELETE

NAME
DV
CANNETTI, THOMAS E
STREET ADDRESS
2492 TANDORI CIR.
CITY-ST-ZIP
ORLANDO FL 32827

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
Membership Director
Mary McGregor
2.3 STREET ADDRESS
516 Lighting Trail
2.4 CITY-ST-ZIP
Maitland, Florida 32751

TITLE ☐ DELETE

NAME
DS
GROSS, DEBRA A
STREET ADDRESS
10304 LARISSA ST.
CITY-ST-ZIP
ORLANDO FL 32821

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
DT
MATTAR, S. DIANE
STREET ADDRESS
332 CINNAMON BARK LN.
CITY-ST-ZIP
ORLANDO FL 32835

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
D
HERBERT, BRIAN C
STREET ADDRESS
118 DIAMOND ACRES RD.
CITY-ST-ZIP
DAVEMPORT FL 33837

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

S. Diane Mattar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

Date

407-298-0405

Daytime Phone #

CR2E037 (12/95)