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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-3374904

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE

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

TITLE **D** ☒ DELETE

NAME **MCGREGOR, MARY**
STREET ADDRESS **518 LIGHTING TRAIL**
CITY-ST-ZIP **MAITLAND FL**

TITLE **DS** ☒ DELETE

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

TITLE **DT** ☒ DELETE

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

TITLE **VP** ☐ DELETE

NAME **ELLIOT, LEIGH**
STREET ADDRESS **413 E. LAKESHORE DRIVE**
CITY-ST-ZIP **OCOE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Vice President

Barbara Hess

2653 Dixie Lane

Kissimmee, FL 34744

Kissimmee, FL 34744

Kissimmee, FL 34744

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14. I 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: **Karen West** **Karen West** **Treasurer/Director (407) 876-6701**

CR2E037 (10/97)