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May 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004577

1. Corporation Name

SILVERBLADES ICE SKATING FOUNDATION, INC.

Principal Place of Business

7500 CANADA AVE.
ORLANDO FL 32819

Mailing Address

7500 CANADA AVE.
ORLANDO FL 32819

562777-90006-4



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		28 501 Main St		09/25/1995	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		29 FL		59-3374904	
24 Country		30 34786		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

8. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESS, BARBARA	1.2 NAME	Tatsumi Gonzales
STREET ADDRESS	2653 DIXIE LN	1.3 STREET ADDRESS	9537 Castleford Pt
CITY-ST-ZIP	KISSIMMEE FL 34744	1.4 CITY-ST-ZIP	Orlando, FL 32836
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, KAREN	2.2 NAME	
STREET ADDRESS	9126 GALLEON CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEDING, TERI	3.2 NAME	
STREET ADDRESS	7015 CLASSIC CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIOT, LEIGH	4.2 NAME	Judy Todd
STREET ADDRESS	413 E. LAKESHORE DRIVE	4.3 STREET ADDRESS	3405 Jon Jon Dr
CITY-ST-ZIP	OCFEE FL	4.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALVADOR, SALLY	5.2 NAME	Leigh Elliott
STREET ADDRESS	9138 GALLEON CT	5.3 STREET ADDRESS	413 E Lakeshore Dr
CITY-ST-ZIP	ORLANDO FL 32819	5.4 CITY-ST-ZIP	OCFEE, FL 34761
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

KATHERINE HARRIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 407 8766701
 Date Daytime Phone #

CR2E037 (11/98)