

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001425

FILED
Mar 06, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA SNOW SKIERS, INC.

Current Principal Place of Business:

380 SOUTH SR434
SUITE 1004-179
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

380 SOUTH SR434
SUITE 1004-179
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3371903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKMON, GARY
260 SUNCREST COURT
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERE, DAVID
Address: 110 N SPRING TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DT () Delete
Name: BLACKMON, GARY
Address: 260 SUNCREST COURT
City-St-Zip: OVIEDO, FL 32765

Title: PD () Delete
Name: SENNET, CAL
Address: 637 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MD () Delete
Name: SLOAN, DONNA
Address: 151 GOLDEN DAYS DRIVE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JOHNSON, JAMES
Address: 605 MARINER WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change () Addition
Name: GYGI, JUDY
Address: 637 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY BLACKMON

DT

03/06/2007

Electronic Signature of Signing Officer or Director

Date