

# 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