

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001425

FILED  
Feb 14, 2011  
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  
2716 RUNNING SPRINGS LOOP  
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  
Name: JOHNSON, JAMES  
Address: 605 MARINER WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DT  
Name: BLACKMON, GARY  
Address: 2716 RUNNING SPRINGS LOOP  
City-St-Zip: OVIEDO, FL 32765

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

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

I hereby 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 all other like empowered.

SIGNATURE: GARY BLACKMON

DT

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date