2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# N96000005180

Entity Name: SOUTH WEST FLORIDA FIGURE SKATING CLUB, INC.

Current Principal Place of Business:

5309 29TH STREET E
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

5309 29TH STREET E
ELLENTON, FL 34222

New Mailing Address:

FEI Number: 65-0704185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAAD, BONNIE LYNN
10387 TEMPLE WAY
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

RAAD, BONNIE LYNN
14013 LOOKOUT WAY
SEMINOLE, FL 33776 US

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: _____ 04/24/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOATSON, GAIL P
Address: 4129 HONOLULU DR
City-St-Zip: SARASOTA, FL 34241

Title: DP ( ) Delete
Name: RAAD, BONNIE LYNN
Address: 10387 TEMPLE WAY
City-St-Zip: SEMINOLE, FL 33772

Title: ST ( ) Delete
Name: WORS, KATHY A
Address: 5632 GRANADA #138
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete
Name: FORD, MARSH
Address: 2424 BAYWOOD DRIVE WEST
City-St-Zip: DUNEDIN, FL 34698

Title: V ( ) Delete
Name: THORNHILL, NORMA
Address: 4550 47TH STREET WEST APT 1013
City-St-Zip: BRADENTON, FL 33076

Title: D ( ) Delete
Name: LAMPROS, ELAINE
Address: 7017 TREYMORE COURT
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: JEFF, ADAMS
Address: 3600 LITTLE COUNTRY ROAD
City-St-Zip: PARRISH, FL 34219

Title: D (X) Change ( ) Addition
Name: FORD, MARSHA
Address: 2424 BAYWOOD DRIVE WEST
City-St-Zip: DUNEDIN, FL 34698

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BONNIE LYNN RAAD DP 04/24/2004
Electronic Signature of Signing Officer or Director — Date