

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006588

FILED
Jul 28, 2005
Secretary of State

Entity Name: SPACE COAST FIGURE SKATING ASSOCIATION, INC.

Current Principal Place of Business:

720 ROY WALL BLVD.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

720 ROY WALL BLVD.
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3436284 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ADAMS, DIANE
2710 ROCKY POINT ROAD
MALABAR, FL 32950 US

Name and Address of New Registered Agent:

LARSON, VICKIE L MRS
475 ROBIN HOOD DRIVE
MERRITT ISLAND, FL 32953 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: VICKIE L. LARSON

07/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ENNIS, DIANE
Address: 987 NAGLE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD () Delete
Name: DAVIS, SHARRON
Address: 849 HAMILTON AVE.
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: LARSON, VICKIE
Address: 475 ROBIN HOOD DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD () Delete
Name: ADAMS, DIANE
Address: 2710 ROCKY POINT RD.
City-St-Zip: MALABAR, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LARSON, VICKIE
Address: 475 ROBIN HOOD DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD (X) Change () Addition
Name: GRIESHABER, ILENE
Address: 794 BAYSIDE DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32953

Title: SD (X) Change () Addition
Name: HUDSON, NANCY
Address: 471 COASTAL BREEZE WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD (X) Change () Addition
Name: MURBACH, KRISTEN
Address: 1670 BARNES AVE NW
City-St-Zip: PALM BAY, FL 32907

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: VICKIE L. LARSON

PD

07/28/2005

Electronic Signature of Signing Officer or Director

Date