

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006588

FILED
Jan 08, 2007
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:

P.O. BOX 560072
ROCKLEDGE, FL 329560072 US

FEI Number: 59-3436284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: VPD () Delete
Name: JAY, MIA
Address: 1720 MURRELL ROAD #119
City-St-Zip: ROCKLEDGE, FL 32955

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: GIFFORD, JAMES
Address: 2807 TULANE DRIVE
City-St-Zip: COCOA, FL 32926

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 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: VICKIE LARSON

PD

01/08/2007

Electronic Signature of Signing Officer or Director

Date