2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State
05-05-2003 90357 037 ****70.00

DOCUMENT # N96000006588

1. Entity Name
SPACE COAST FIGURE SKATING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
720 ROY WALL BLVD. ROCKLEDGE FL 32955	720 ROY WALL BLVD. ROCKLEDGE FL 32955

55048413

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3436284 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EATON, DENNIS 1362 DEWEY COURT ROCKLEDGE FL 32955	Name: Diane Adams Street Address (P.O. Box Number is Not Acceptable): 2710 Rocky Point Rd. City: Malabar FL Zip Code: 32950

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Diane Adams DATE: 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPINNEWEBER, HEATHER 975 SABAL GROVE DR. ROCKLEDGE FL 32955	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Diane Ennis 987 Nagle Dr. Rockledge, FL 32955	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WARD, VERONICA 2115 ROYAL OAKS DR. ROCKLEDGE FL 32955	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Sharron Davis 849 Hamilton Ave Rockledge, FL 32955	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCLURE, CHARLOTTE 1636 SUN GAZER DR. VIERA FL 32955	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Vickie Larson 475 Robin Hood Dr. Merritt Island, FL 32953	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VARCHAL, CAROLE 1525 N HWY A1A #502 INDIALANTIC FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Diane Adams 2710 Rocky Point Rd. Malabar, FL 32950	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Adams EQ Diane Adams 4/28/03 (321)698-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #