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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005147

1. Corporation Name

CENTRAL FLORIDA FIGURE SKATING ASSOCIATION, INC.

Principal Place of Business

8701 MAITLAND SUMMITT BOULEVARD
ORLANDO FL 32810

Mailing Address

8701 MAITLAND SUMMITT BOULEVARD
ORLANDO FL 32810

8701 MaitlandSummitt Blvd.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/09/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3535968
City & State	City & State	5. Certificate of Status Desired
23	28	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LOUV, ARTHUR R
801 NORTH MAGNOLIA AVENUE
SUITE 201
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, LORI	1.2 NAME	
STREET ADDRESS	8701 MAITLAND SUMMITT BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, CHUCK	2.2 NAME	
STREET ADDRESS	8701 MAITLAND SUMMITT BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUTY, CYNTHIA	3.2 NAME	
STREET ADDRESS	8701 MAITLAND SUMMITT BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, SANDRA	4.2 NAME	
STREET ADDRESS	8701 MAITLAND SUMMITT BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia A. Fluty
 CYNTHIA A. FLUTY

4/15/99 407 771-3002

CR2E037 (1/98)