

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005147

FILED
Feb 18, 2004
Secretary of State**Entity Name:** CENTRAL FLORIDA FIGURE SKATING ASSOCIATION, INC.**Current Principal Place of Business:**8701 MAITLAND SUMMITT BOULEVARD
ORLANDO, FL 32810**New Principal Place of Business:****Current Mailing Address:**PO BOX 940725
MAITLAND, FL 32794**New Mailing Address:****FEI Number:** 59-3535968**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WALKER, BERRY J JR ESQ
235 S MAITLAND AVENUE
SUITE 216
MAITLAND, FL 32751 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: HAYES, BARBARA
Address: 433 SUN LAKE CIR 215
City-St-Zip: LAKE MARY, FL 32746

Title: VD () Delete
Name: WILSON, LORRI
Address: 456 BISON CIR
City-St-Zip: APOPKA, FL 32712

Title: TD () Delete
Name: ARNEMANN, JAMES
Address: 5021 SWEET LEAF CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: FAULK, STACEY
Address: 633 BUOY LANE #301
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: SMITH, KRISTIE
Address: 706 SEAGULL AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHWYZER, CHERYL PD
Address: 3274 REGAL CREST DR.
City-St-Zip: LONGWOOD, FL 32779

Title: VD (X) Change () Addition
Name: ANASTARIO, PATTI 1ST VD
Address: 1105 BLACK ACRE COURT S
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD (X) Change () Addition
Name: ARNEMANN, JAMES L
Address: 5021 SWEET LEAF CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD (X) Change () Addition
Name: DURAND, MARY
Address: 10704 SATINWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: VD (X) Change () Addition
Name: GOTAY, ARLENE 2ND VD
Address: 884 CUTLER ROAD
City-St-Zip: LONGWOOD, FL 32779

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: JAMES L. ARNEMANN

TD

02/18/2004

Electronic Signature of Signing Officer or Director

Date