2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005147

FILED Sep 03, 2005 Secretary of State

Entity Name: CENTRAL FLORIDA FIGURE SKATING ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8701 MAITLAND SUMMITT BOULEVARD ORLANDO, FL 32810

Current Mailing Address: New Mailing Address:

PO BOX 940725 MAITLAND, FL 32794

FEI Number: 59-3535968 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: Name and Address of New Registered Agent:

WALKER, BERRY J JR ESQ 235 S MAÎTLAND AVENUE SUITE 216 MAITLAND, FL 32751 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete SCHWYZER, CHERYL PD PARKER, PAULA PD Name: Name: 3274 REGAL CREST DR. Address: 443 LANARKSHIRE PLACE Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: APOPKA, FL 32712

Title: () Delete Title: (X) Change () Addition ANASTARIO, PATTI 1ST VD Name: SOUTHERN, LAURA Name:

Address: 1105 BLACK ACRE COURT S Address: 7705 LAKE ANDREA CIR City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: MT DORA, FL 32757

Title: () Delete Title: (X) Change () Addition ARNEMANN, JAMES L KLINKER, PAMELA A Name: Name:

5502 SAN GABRIEL WAY Address: 5021 SWEET LEAF CT Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ORLANDO, FL 32837

Title: SD () Delete Title: SD (X) Change () Addition GUILFORD, GEMMA Name: DURAND, MARY Name:

10704 SATINWOOD CIRCLE Address: Address: 675 ASHFORD OAKS DR ORLANDO, FL 32825

City-St-Zip: City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete Title: (X) Change () Addition GOTAY, ARLENE 2ND VD HAKIM, HANA Name: Name:

884 CUTLER ROAD 9319 TIBET POINT CIR Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: WINDEMERE, FL 32786

Title: () Delete Title: () Change (X) Addition

MARSHALL, KARRIN Name: Name: Address: Address: 1923 RANCHLAND TRL LONGWOOD, FL 32779 City-St-Zip: City-St-Zip:

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: PAMELA KLINKER TD 09/03/2005