

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000005147

FILED
Oct 13, 2006
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 ()**
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 MAITLAND 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: BERRY J WALKER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARKER, PAULA PD
Address: 443 LANARKSHIRE PLACE
City-St-Zip: APOKA, FL 32712

Title: VD () Delete
Name: SOUTHERN, LAURA
Address: 7705 LAKE ANDREA CIR
City-St-Zip: MT DORA, FL 32757

Title: TD () Delete
Name: KLINKER, PAMELA A
Address: 5502 SAN GABRIEL WAY
City-St-Zip: ORLANDO, FL 32837

Title: SD () Delete
Name: GUILFORD, GEMMA
Address: 675 ASHFORD OAKS DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: BM () Delete
Name: HAKIM, HANA
Address: 9319 TIBET POINT CIR
City-St-Zip: WINDEMERE, FL 32786

Title: BM () Delete
Name: MARSHALL, KARRIN
Address: 1923 RANCLAND TRL
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KLINKER, PAMELA PD
Address: 5502 SAN GABRIEL WAY
City-St-Zip: ORLANDO, FL 32837

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

Title: TD (X) Change () Addition
Name: MCGOVERN, KIM A
Address: 873 EAGLE CLAW CT
City-St-Zip: LAKE MARY, FL 32746

Title: SD (X) Change () Addition
Name: GUILFORD, GEMMA
Address: 2413 HARLEYFORD PL
City-St-Zip: CASSELBERRY, FL 32707

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

Title: BM (X) Change () Addition
Name: HAYES, BARBARA
Address: 2890 DOE RUN TRAIL
City-St-Zip: ORANGE CITY, FL 32763

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: PAMELA KLINKER

PD

10/13/2006

Electronic Signature of Signing Officer or Director

Date