

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005147

FILED  
Jan 26, 2009  
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: BARRETT, ADRIENNE PD  
Address: 2975 LINDALE AVE  
City-St-Zip: ORLANDO, FL 32814

Title: VD ( ) Delete  
Name: KIRCHNER, LAURA VD  
Address: 414 WOLDUNN CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

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

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

Title: SC ( ) Delete  
Name: LECK, JOYCE SC  
Address: 2975 LINDALE AVE  
City-St-Zip: ORLANDO, FL 32814

Title: BM ( ) Delete  
Name: KORY, LORI BM  
Address: 14127 FURMAN AVE  
City-St-Zip: ORLANDO, FL 32826

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ADRIENNE BARRETT

PD

01/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date