


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90053 042 \*\*\*\*61.25

**DOCUMENT # N99000003948**

1. Entity Name  
**DAYTONA BEACH FIGURE SKATING CLUB, INC.**



Principal Place of Business  
**SUNSHINE PARK ICE ARENA  
 2400 S RIDGEWOOD AVE  
 DAYTONA BEACH, FL 32119**

Mailing Address  
**DAYTONA BEACH FIGURE SKATING  
 PO BOX 214487  
 SOUTH DAYTONA, FL 32121**

**50013158**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02072005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-3584553**

Applied For  
 Not Applicable

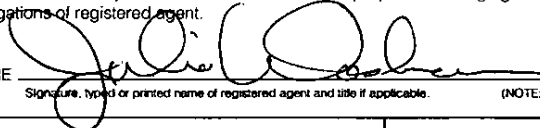
Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WHITE, TERRY  
 653 SWEETWOOD DRIVE  
 PORT ORANGE, FL 32129**

7. Name and Address of New Registered Agent  
 Name **Julia Washam**  
 Street Address (P.O. Box Number is Not Acceptable)  
**373 Carmel Drive**  
 City **Melbourne, FL** Zip Code **32940**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2/7/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, TERRY 653 SWEETWOOD DRIVE PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPRAGUS, AIGA 6 CRESENT LAKE WAY ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARL, DONNA 501 MOON RISE DRIVE DAYTONA BEACH, FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBOUR, KAY 334 BROOKLINE AVE. DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, SHELLEY 871 OLD MILL RUN ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORDON, SONJA 1961 FERN PALM DRIVE EDGEWATER, FL 32141	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Julia Washam 373 Carmel Drive Melbourne, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kay Barbour 334 Brookline Ave. Daytona Beach, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7, Feb. 05** Daytime Phone # **386-690-1941**