


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90111 007 ****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	
2. Principal Place of Business Ice Sports Complex Holdings Inc Suite, Apt. #, etc. 2400 S. Ridgewood Ave.		3. Mailing Address Suite, Apt. #, etc.	
City & State Daytona Beach, FL 32119		City & State	
Zip 32119	Country USA	Zip	Country
6. Name and Address of Current Registered Agent WASHAM, JULIA 373 CARMEL DRIVE MELBOURNE, FL 32940		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WASHAM, JULIA 373 CARMEL DRIVE MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andrei Zharkov 175 S. Tumber Creek Rd Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARBOUR, KAY 334 BROOKLINE AVE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Svetlana Serkeli 175 S. Tumber Creek Rd Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 Jennifer Tinstman 5 Mystic Lake way Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBOUR, KAY 334 BROOKLINE AVE. DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricia Kelemen 5913 Plainview Dr. Port Orange, FL 32124 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	D Ekaterina Guzhva 15 Huntmaster Court Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORDON, SONJA 1961 FERN PALM DRIVE EDGEWATER, FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terri White 653 Sweetwood Dr. Port Orange, FL 32109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerers.			
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/27/06 <small>Daytime Phone #</small>	



01272006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3584553 Applied For Not Applicable

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