

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003948

FILED
Apr 27, 2007
Secretary of State

Entity Name: DAYTONA BEACH FIGURE SKATING CLUB, INC.

Current Principal Place of Business:

ICE SPORTS COMPLEX HOLDINGS INC.
2400 S RIDGEWOOD AVE
DAYTONA BEACH, FL 32119

New Principal Place of Business:

ARCTIC ZONE ICE RINK
2400 S RIDGEWOOD AVE
S. DAYTONA, FL 32119

Current Mailing Address:

DAYTONA BEACH FIGURE SKATING
PO BOX 214487
SOUTH DAYTONA, FL 32121

New Mailing Address:

FEI Number: 59-3584553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHAM, JULIA
373 CARMEL DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

JONES, SHELLEY
871 OLD MILL RUN
ORMOND BEACH, FL 32174 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: SHELLEY JONES

04/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WASHAM, JULIA
Address: 373 CARMEL DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Delete
Name: BARBOUR, KAY
Address: 334 BROOKLINE AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S () Delete
Name: CARL, DONNA
Address: 501 MOON RISE DRIVE
City-St-Zip: DAYTONA BEACH, FL 32127

Title: D () Delete
Name: KELEMAEN, PATRICIA
Address: 591 PLAINVIEW DR
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Delete
Name: JONES, SHELLEY
Address: 871 OLD MILL RUN
City-St-Zip: ORMOND BEACH, FL 32174

Title: T (X) Delete
Name: GORDON, SONJA
Address: 1961 FERN PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, SHELLEY
Address: 871 OLD MILL RUN
City-St-Zip: ORMOND BEACH, FL 32174

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

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

Title: T (X) Change () Addition
Name: KILMAN, AARON
Address: 5965 BOGGS FORD RD
City-St-Zip: PORT ORANGE, FL 32127

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: SHELLEY JONES

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date