

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003948

FILED
Feb 25, 2009
Secretary of State

Entity Name: DAYTONA BEACH FIGURE SKATING CLUB, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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:

JONES, SHELLEY
871 OLD MILL RUN
ORMOND BEACH, FL 32174 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: P () Delete
Name: CASTILLON, RENE'
Address: 5954 BOGGS FORD RD
City-St-Zip: PORT ORANGE, FL 32127

Title: VP () Delete
Name: POKORNY, MEG
Address: 6081 SPRUCE POINT CIR.
City-St-Zip: PORT ORANGE, FL 32128

Title: S () Delete
Name: TIMMINS, CAROLYN
Address: 2750 OCEAN SHORE BLVD #2
City-St-Zip: ORMOND BEACH, FL 32176

Title: T () Delete
Name: WOLFORD, RYAN
Address: P.O. BOX 1146
City-St-Zip: ZELLWOOD, FL 327981146

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:

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: RYAN WOLFORD

T

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date