

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N10000009344

**Entity Name:** PALM BEACH FIGURE SKATING CLUB, INC.

**Current Principal Place of Business:**

8125 LAKE WORTH RD.  
LAKE WORTH, FL 33467

**Current Mailing Address:**

8125 LAKE WORTH RD.  
LAKE WORTH, FL 33467

**FEI Number:** 27-4719378

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KANE, JENNIFER  
8125 LAKE WORTH RD.  
LAKE WORTH, FL 33467 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRAHAM, ED  
Address        8125 LAKE WORTH RD.  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            FERTIG, DEBRA  
Address        8125 LAKE WORTH RD.  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            DELISI, KOKO  
Address        8125 LAKE WORTH RD.  
City-State-Zip: LAKE WORTH FL 33467

Title            VP  
Name            KANE, JENNIFER  
Address        8125 LAKE WORTH RD.  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            VENTURA, HEIDI  
Address        8125 LAKE WORTH RD.  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            LEECH, AUDRA  
Address        8125 LAKE WORTH RD.  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            DELUCA, JOAN  
Address        8125 LAKE WORTH RD  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            HERTELENDY, MAGDALENA  
Address        8125 LAKE WORTH RD.  
City-State-Zip: LAKE WORTH FL 33467

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*I hereby 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 all other like empowered.*

**SIGNATURE:** JENNIFER KANE

**VICE PRESIDENT**

**08/20/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            GONZALEZ, DELIA  
Address        8125 LAKE WORTH RD.  
City-State-Zip: LAKE WORTH FL 33467