

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003817

FILED
Jun 02, 2006
Secretary of State

Entity Name: TITANS YOUTH HOCKEY CLUB, INC.

Current Principal Place of Business:

711 CRYSTAL LAKE RD
LUTZ, FL 33548

New Principal Place of Business:

P.O. BOX 1431
OLDSMAR, FL 34677

Current Mailing Address:

711 CRYSTAL LAKE RD
LUTZ, FL 33548

New Mailing Address:

P.O. BOX 1431
OLDSMAR, FL 34677

FEI Number: 59-3724151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCAUGHERTY, JOHN B JR.
9525 AQUA LN
ODESSA, FL 33556 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: PD () Delete
Name: CHASE, TIM
Address: 711 CRYSTAL LAKE ROAD
City-St-Zip: LUTZ, FL 33548

Title: VD () Delete
Name: MCCAUGHERTY, JOHN B
Address: 9525 AQUA LN
City-St-Zip: ODESSA, FL 33556

Title: VD () Delete
Name: PERRIN, TODD
Address: 8015 SAVANNAH SUNSET LANE
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: KACSER, MICHAEL
Address: 18845 TRACER DRIVE
City-St-Zip: LUTZ, FL 33549

Title: S (X) Delete
Name: MADDEN, TIM
Address: 13705 SUN COURT LANE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PERRIN, TODD
Address: 8015 SAVANNAH SUNSET LANE
City-St-Zip: TAMPA, FL 33615

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

Title: D (X) Change () Addition
Name: KACSER, MICHAEL
Address: 18845 TRACER DRIVE
City-St-Zip: LUTZ, FL 33549

Title: SD (X) Change () Addition
Name: MADDEN, TIMOTHY M
Address: 3322 SOUTH SHAMROCK ROAD
City-St-Zip: TAMPA, FL 33629

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY M MADDEN

SD

06/02/2006

Electronic Signature of Signing Officer or Director

Date