


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90029 015 \*\*\*\*61.25

**DOCUMENT # N03000003103**

1. Entity Name  
**GARY GEZZER YOUTH HOCKEY SCHOLARSHIP FUND, INC.**



Principal Place of Business  
**614 B BANYAN TRAIL  
 BOCA RATON, FL 33431**

Mailing Address  
**614 B BANYAN TRAIL  
 BOCA RATON, FL 33431**

**66400895**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01052004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**36-2344378**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GOLDSTEIN, ROBERT N.  
 614 B BANYAN TRAIL  
 BOCA RATON, FL 33431**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D	NAME GOLDSTEIN, ROBERT N	STREET ADDRESS 614 B BANYAN TRAIL	CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE D	NAME ANDREWS, MELODY	STREET ADDRESS 614 B BANYAN TRAIL	CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE D	NAME GEZZER, MARGARET J	STREET ADDRESS 614 B BANYAN TRAIL	CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Delete
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Delete
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIR / PRES.	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DIR / VP / SEC	NAME ANDREWS, MELAINA A.	STREET ADDRESS 	CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <del> </del>	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE: K. J. Gezzer **RESIDENT**      1/21/04      561-997-4002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #