

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003390

FILED
Apr 29, 2007
Secretary of State

Entity Name: CHARLOTTE COUNTY INLINE HOCKEY ASSOCIATION, INC.

Current Principal Place of Business:

23530 MARISOL AVE.
PT. CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

23530 MARISOL AVE.
PT. CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 06-1690674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCH & COMPANY CPA. PA
225 W. VIRGINIA AVE.
PUNTA GORDA, FL 33950 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: SLADE, GREG
Address: 23530 MARISOL AVE.
City-St-Zip: PT. CHARLOTTE, FL 33954

Title: VD () Delete
Name: SMITH, ALLEN
Address: 22307 ALCORN AVE.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD () Delete
Name: KEEPERS, TOM
Address: 2054 LUCKY ST.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ST () Delete
Name: SLADE, KAREN
Address: 23530 MARISOL AVE.
City-St-Zip: PT. CHARLOTTE, FL 33954

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: KAREN SLADE

ST

04/29/2007

Electronic Signature of Signing Officer or Director

Date