

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2008
Secretary of State

DOCUMENT# N05000009264

Entity Name: HOCKEY GROUP OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

PBOX 936621
MARGATE, FL 33093 US

New Principal Place of Business:

Current Mailing Address:

BOX 936621
MARGATE, FL 33093 US

New Mailing Address:

FEI Number: 20-3441391 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:

WALSH, STEPHANIE J
3597 COCO PLUM CIRCLE
COCONUT CREEK, FL 33063 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: DIR () Delete
Name: WALSH, STEPHANIE J
Address: 3597 COCO PLUM CIRCLE
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: DIR () Delete
Name: WALSH, JIM
Address: PO BOX 936621
City-St-Zip: MARGATE, FL 33093 US

Title: DIR () Delete
Name: LEVOW, HEATHER
Address: PO BOX 936621
City-St-Zip: MARGATE, FL 33093 US

Title: DIR () Delete
Name: OTA, KAREN L
Address: PO BOX 936621
City-St-Zip: MARGATE, FL 33093 US

Title: DIR () Delete
Name: EICHLER, SUSAN
Address: PO BOX 936621
City-St-Zip: MARGATE, FL 33093 US

Title: DIR () Delete
Name: MADIGAN, KELLEY
Address: PO BOX 936621
City-St-Zip: MARGATE, FL 33093 US

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:

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: STEPHANIE J WALSH

Electronic Signature of Signing Officer or Director

DIR

05/31/2008

Date