

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 16 1997 8:00am  
Secretary of State

|                                                                     |                                                                                   |                                                                                                                        |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Morham</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # N24620 (9)**

1. Corporation Name  
**ORLANDO YOUTH HOCKEY ASSOCIATION, INC.**



|                                                                                    |                                                                             |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>9466 WICKHAM WAY<br/>ORLANDO FL 32836<br/>US</b> | Mailing Address<br><b>9466 WICKHAM WAY<br/>ORLANDO FL 32836-5520<br/>US</b> |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                             |                                  |                                                                                                                    |                                                                                                                                                             |
|---------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> | 3. Date Incorporated or Qualified<br><b>02/01/1988</b>                                                             | 3a. Date of Last Report<br><b>02/26/1996</b>                                                                                                                |
| Suite, Apt. #, etc.                         | Suite, Apt. #, etc.              | 4. FEI Number<br><b>65-0075258</b>                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                      |
| 22 City & State                             | 27 City & State                  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>         |                                                                                                                                                             |
| 23 Zip                                      | 28 Country                       | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                             |
| 24                                          | 29                               | 30                                                                                                                 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|                                                                                                                        |                                                       |                                              |                       |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------|-----------------------|
| 9. Name and Address of Current Registered Agent<br><b>SIMONINI, ROBERT<br/>9466 WICKHAM WAY<br/>ORLANDO FL 32803-6</b> |                                                       | 10. Name and Address of New Registered Agent |                       |
| 81 Name                                                                                                                | 82 Street Address (P.O. Box Number is Not Acceptable) | 83                                           | 84 City               |
|                                                                                                                        |                                                       |                                              | <b>FL</b> 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robert Simonini* **May 1, 1997**

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

| 12. OFFICERS AND DIRECTORS |                                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                                                   |
|----------------------------|------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| TITLE                      | PD <input checked="" type="checkbox"/> DELETE  | 1.1 TITLE                                             | <b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                     |
| NAME                       | <b>MARCEL CASTINE</b>                          | 1.2 NAME                                              | <b>Jeff Dodson</b>                                                                                                |
| STREET ADDRESS             | <b>821 SLEEPY COURT</b>                        | 1.3 STREET ADDRESS                                    | <b>1675 Kingston Road</b>                                                                                         |
| CITY-ST-ZIP                | <b>CASSELBERRY FL</b>                          | 1.4 CITY-ST-ZIP                                       | <b>Longwood, FL 32750</b> <b>Director</b>                                                                         |
| TITLE                      | T <input type="checkbox"/> DELETE              | 2.1 TITLE                                             | <b>Frank Garnett, Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>SIMONINI, ROBERT</b>                        | 2.2 NAME                                              | <b>Frank Garnett</b>                                                                                              |
| STREET ADDRESS             | <b>9466 WICKHAM WAY</b>                        | 2.3 STREET ADDRESS                                    | <b>521 Shephard Ave</b>                                                                                           |
| CITY-ST-ZIP                | <b>ORLANDO FL</b> <b>Director</b>              | 2.4 CITY-ST-ZIP                                       | <b>Winter Park, FL 32789</b> <b>Director</b>                                                                      |
| TITLE                      | R <input type="checkbox"/> DELETE              | 3.1 TITLE                                             | <b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| NAME                       | <b>FORREST, LORI</b>                           | 3.2 NAME                                              | <b>Mary Reynolds</b>                                                                                              |
| STREET ADDRESS             | <b>1012 CALIFORNIA CREEK DR</b>                | 3.3 STREET ADDRESS                                    | <b>14862 Lone Eagle Drive</b>                                                                                     |
| CITY-ST-ZIP                | <b>OVIEDO FL</b> <b>Director</b>               | 3.4 CITY-ST-ZIP                                       | <b>Orlando, FL 32837</b> <b>Director</b>                                                                          |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE  | 4.1 TITLE                                             | <b>Recording Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| NAME                       | <b>ROBERTS, DAN</b>                            | 4.2 NAME                                              | <b>Liz Earle</b>                                                                                                  |
| STREET ADDRESS             | <b>1335 ALFONZO CIR.</b>                       | 4.3 STREET ADDRESS                                    | <b>9236 Bay Point Drive</b>                                                                                       |
| CITY-ST-ZIP                | <b>WINTER SPGS. FL</b>                         | 4.4 CITY-ST-ZIP                                       | <b>Orlando, FL 32819</b> <b>Director</b>                                                                          |
| TITLE                      | ATD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |
| NAME                       | <b>ORINGIONE, ANITA</b>                        | 5.2 NAME                                              |                                                                                                                   |
| STREET ADDRESS             | <b>1454 COVE HILL CT.</b>                      | 5.3 STREET ADDRESS                                    |                                                                                                                   |
| CITY-ST-ZIP                | <b>LONGWOOD FL</b>                             | 5.4 CITY-ST-ZIP                                       |                                                                                                                   |
| TITLE                      | CSD <input checked="" type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |
| NAME                       | <b>ANTHONY, DOT</b>                            | 6.2 NAME                                              |                                                                                                                   |
| STREET ADDRESS             | <b>167 DUNDAN TRAIL</b>                        | 6.3 STREET ADDRESS                                    |                                                                                                                   |
| CITY-ST-ZIP                | <b>LONGWOOD FL</b>                             | 6.4 CITY-ST-ZIP                                       |                                                                                                                   |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Robert Simonini* **May 1, 1997**

CR2E037 (9/96)