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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24620 (9)

1. Corporation Name
ORLANDO YOUTH HOCKEY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9466 WICKHAM WAY ORLANDO FL 32836 US	9466 WICKHAM WAY ORLANDO FL 32836 US

3. Date Incorporated or Qualified: 02/01/1988

4. FEI Number: 65-0075258 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) / Country (25) / Zip (29) / Country (30)

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMONINI, ROBERT
9466 WICKHAM WAY
ORLANDO FL 32803-6

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	DODSON, JEFF		1.2 NAME	Garnetti, Frank	
STREET ADDRESS	1675 KINGSTON RD		1.3 STREET ADDRESS	521 Shephard Ave	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	Winter Park, FL	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIMONINI, ROBERT		2.2 NAME		
STREET ADDRESS	9466 WICKHAM WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FORREST, LORI		3.2 NAME		
STREET ADDRESS	1012 CALIFORNIA CREEK DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	4.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	GARNETT, FRANK		4.2 NAME	Gary McCann	
STREET ADDRESS	521 SHEPHARD AVE		4.3 STREET ADDRESS	493 Wakiva Cove Rd	
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP	Longwood, FL	
TITLE	VPD	☒ DELETE	5.1 TITLE	Public Relations Director	☐ Change ☒ Addition
NAME	REYNOLDS, MARY		5.2 NAME	Richard Butler	
STREET ADDRESS	14862 LANE EAGLE DR		5.3 STREET ADDRESS	7711 Indian Ridge Tr S	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Kissimmee, FL	
TITLE	RSD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EARLE, LIZ		6.2 NAME		
STREET ADDRESS	9236 BAY POINT DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 TITLE ET 4/19/98 407-281-5830