


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000003889 (0)  
1. Corporation Name  
NORTH FLORIDA HOCKEY ASSOCIATION, INC.



Principal Place of Business Mailing Address  
3605 PHILLIPS HIGHWAY (MARKET SQUARE MALL) JACKSONVILLE FL 32207  
3605 PHILLIPS HIGHWAY (MARKET SQUARE MALL) JACKSONVILLE FL 32207

3. Date Incorporated or Qualified 07/23/1996  
3a. Date of Last Report N/A

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 P.O. Box 5128  
22 City & State 27 Jacksonville FL  
23 Zip Country 28 32247-5128 DUVAL

4. FEI Number 59-3389566  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
HARRIMAN, FRANK  
428 MADISON AVE.  
JACKSONVILLE FL 32065

10. Name and Address of New Registered Agent  
81 Name Mark Moulin  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 13109 Hackberry Way  
84 City Jacksonville FL 85 Zip Code 32246

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 Mark Moulin President DATE 4/22/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	Frank Harriman (President)	<input checked="" type="checkbox"/> DELETE
NAME	428 Madison Ave 9-C	
STREET ADDRESS	Orange Park, FL 32065	
CITY-ST-ZIP		
TITLE	1st Vice President	<input checked="" type="checkbox"/> DELETE
NAME	Jim Deck	
STREET ADDRESS	Orange Park, FL	
CITY-ST-ZIP		
TITLE	2nd Vice President	<input checked="" type="checkbox"/> DELETE
NAME	Mike Burdett	
STREET ADDRESS	Jacksonville, FL	
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	Tim Barber	
STREET ADDRESS	Jacksonville FL	
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Jane Plank	
STREET ADDRESS	Jacksonville, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mark Moulin	
1.3 STREET ADDRESS	13109 Hackberry Way	
1.4 CITY-ST-ZIP	Jacksonville FL 32246	
2.1 TITLE	1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mike Smith	
2.3 STREET ADDRESS	278 Aque Cinte West	
2.4 CITY-ST-ZIP	Jacksonville, FL 32218	
3.1 TITLE	2nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dean Kollet	
3.3 STREET ADDRESS	Eagle Harbor	
3.4 CITY-ST-ZIP	Orange Park, FL	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Patty Buckley	
4.3 STREET ADDRESS	108 Southbridge Way	
4.4 CITY-ST-ZIP	Ponte Vedra Beach 32082 FL	
5.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Donna Dorton	
5.3 STREET ADDRESS	Jacksonville FL	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

CR2E037 (9/96)