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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: 3605 PHILLIPS HIGHWAY (MARKET SQUARE MALL) JACKSONVILLE FL 32207
Mailing Address: 3605 PHILLIPS HIGHWAY (MARKET SQUARE MALL) JACKSONVILLE FL 32207

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/23/1996		N/A	
22		27		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3389566		Not Applicable	
23		28		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State		<input type="checkbox"/>		5.00 May Be Added to Fees	
24		25		29		30	
Zip		Country		Zip		Country	
32247-5128		DUVAL		32247-5128		DUVAL	

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): 13109 Hackberry Way
83 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

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)