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05-07-1999 90142 043 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000003889

1. Corporation Name

NORTH FLORIDA HOCKEY ASSOCIATION, INC.

Principal Place of Business

3605 PHILLIPS HIGHWAY (MARKET SQUARE MALL)
 JACKSONVILLE FL 32207

Mailing Address

P.O. BOX 5128
 JACKSONVILLE FL 32247-5128
 US



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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/23/1996

4. FEI Number

59-3389566

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TURNER, DOLORES
 10861 STEEDING HORSE DRIVE
 JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name **Coombs, Jack**
 82 Street Address (P.O. Box Number is Not Acceptable)
 2825 N. First Avenue
 83
 84 City **Fernandina Beach** FL 85 Zip Code **32034**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jack E. Coombs
 4/29/99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
 NAME **TURNER, DOLORES**
 STREET ADDRESS **10861 STEEDING HORSE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **VPD** DELETE
 NAME **DEABREU, DAWN**
 STREET ADDRESS **7543 PATRICE CT.**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **VPD** DELETE
 NAME **BROWN, CYNTHIA Y**
 STREET ADDRESS **2386 LOURDES DRIVE W.**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **S** DELETE
 NAME **WILCOX, ANGELA**
 STREET ADDRESS **1629 CHARON RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **T** DELETE
 NAME **MANIATAKIS, RITA**
 STREET ADDRESS **12371 CLEAR LAGOON TRAIL**
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.1 TITLE **P** Change Addition
 1.2 NAME **Coombs, Jack**
 1.3 STREET ADDRESS **2825 N. First Avenue**
 1.4 CITY-ST-ZIP **Fernandina Beach, FL 32034**

2.1 TITLE **1VPD** Change Addition
 2.2 NAME **O'Shaughnessy, Tom**
 2.3 STREET ADDRESS **428 Buckeye Lane East**
 2.4 CITY-ST-ZIP **Fruit Cove, FL 32259**

3.1 TITLE **2VPD** Change Addition
 3.2 NAME **Kaye, William**
 3.3 STREET ADDRESS **1975 Breckenridge Blvd.**
 3.4 CITY-ST-ZIP **Middleburg, FL 32068**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE **T** Change Addition
 5.2 NAME **Stewart, Kirsti**
 5.3 STREET ADDRESS **8119 Green Glade**
 5.4 CITY-ST-ZIP **Jacksonville, FL 32256**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (904) 491-3577
 Date Daytime Phone #

CR2E037 (11/98)