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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



| | | | | | | |
|----|--------------------------------|----|---------------------|----|---|---|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 3. | Date Incorporated or Qualified | 07/23/1996 |
| 22 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. | FEI Number | 59-3389566 |
| 23 | City & State | 27 | City & State | 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | Zip | 28 | Zip | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 25 | Country | 29 | Country | | | |

| | | | | | | | |
|--|--|--|--|--|--|----------------------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| TURNER, DOLORES 10861 STEEDING HORSE DRIVE JACKSONVILLE FL 32257 | | | | 81 | Name | Coombs, Jack | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | 2825 N. First Avenue | |
| | | | | 83 | | | |
| | | | | 84 | City | Fernandina Beach | FL |

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: *Jack E. Coombs* DATE: 4/29/99

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TURNER, DOLORES | 1.2 NAME | Coombs, Jack |
| STREET ADDRESS | 10861 STEEDING HORSE DRIVE | 1.3 STREET ADDRESS | 2825 N. First Avenue |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | 1.4 CITY-ST-ZIP | Fernandina Beach, FL 32034 |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | 1VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEABREU, DAWN | 2.2 NAME | O'Shaughnessy, Tom |
| STREET ADDRESS | 7543 PATRICE CT. | 2.3 STREET ADDRESS | 428 Buckeye Lane East |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | 2.4 CITY-ST-ZIP | Fruit Cove, FL 32259 |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | 2VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, CYNTHIA Y | 3.2 NAME | Kaye, William |
| STREET ADDRESS | 2386 LOURDES DRIVE W. | 3.3 STREET ADDRESS | 1975 Breckenridge Blvd. |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | 3.4 CITY-ST-ZIP | Middleburg, FL 32068 |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILCOX, ANGELA | 4.2 NAME | |
| STREET ADDRESS | 1629 CHARON RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | 4.4 CITY-ST-ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANIATAKIS, RITA | 5.2 NAME | Stewart, Kirsti |
| STREET ADDRESS | 12371 CLEAR LAGOON TRAIL | 5.3 STREET ADDRESS | 8119 Green Glade |
| CITY-ST-ZIP | JACKSONVILLE FL 32246 | 5.4 CITY-ST-ZIP | Jacksonville, FL 32256 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Jack E. Coombs* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 4/29/99 (904) 491-3577 DATE
 DAYTIME PHONE #

CR2E037 (1/198)