

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90021 017 ****61.25

DOCUMENT # N96000003889



1. Entity Name
NORTH FLORIDA HOCKEY ASSOCIATION, INC.

Principal Place of Business
**3605 PHILLIPS HIGHWAY
 MARKET SQUARE MALL
 JACKSONVILLE, FL 32207**

Mailing Address
**265 LINKSIDE CIRCLE
 PONTE VEDER BEACH, FL 32082 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04092008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-3389566

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELVECCHIO, JOHN
 265 LINKSIDE CIRCLE
 JACKSONVILLE, FL 32082**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **DELVECCHIO, JOHN**
 STREET ADDRESS **265 LINKSIDE CIRCLE**
 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32032**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **GATTO, KATHIE**
 STREET ADDRESS **13447 AQUILINE ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~ST~~ **TREASURER** Delete
 NAME **KOSTICK, SHERI**
 STREET ADDRESS **3892 BIGGIN CHURCH RD. W.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LARSON, RICK**
 STREET ADDRESS **31617 ARBOR DR.**
 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SECRETARY** Delete
 NAME **Debbie Johannes**
 STREET ADDRESS **1522 WHITEHALL LANE**
 CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DIRECTOR** Delete
 NAME **DONNA Thacker**
 STREET ADDRESS **1133 PINE MILL LANE**
 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-08 **904-280-3464**

Date Daytime Phone #

JOHN DELVECCHIO