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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N24620 (9)

OHEAR	NDO YOUTH HOCKEY ASS	SOCIATION, INC.		A SERVICES BET SIED I GIERE BRIDE HERFE BEST GIER GEGE BRIGE BEGER BRIGE GEGE
Principal Plac	ce of Business	Mailing Address		
i '		•		
9466 WICKHAM ORLANDO FL 3 US		9466 WICKHAM WAY ORLANDO FL 32836-5520 US		
				3. Date Incorporated or Qualified 02/01/1988 3a. Date of Last Report 02/26/1996
	Place of Business	2a. Mailing Address		4. FEI Number Applied For Not Applied For
21	A oto	26 Suite Apt # ete		THOU PIPILOD
Sulte, Apt.	, #, O(C.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25		30	Florida Statutes Yes No
	9. Name and Address of Curre	eur Redistelen Abeur	81 Name	10. Name and Address of New Registereti Agent
CHACKIN	NI DADCOT			
	ni, robert Ickham way		82 Street	Address (P.O. Box Number is Not Acceptable)
	DO FL 32803-6		83	
•			84 City	FI 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statute	s, the above-named	· · · · · · · · · · · · · · · · · · ·
office or n	registered agent) or both, in the State am familiar with and acceptationalis	te of Florida. Such change was a nations of Section 617 0503. Flo	uthorized by the cor. orida Statutes	corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
		morem		May 1, 4997
		TITATION IV		// WW //-/1/
SIGNATURE	Signature, typed or printed name of registered a	gent and little if applicable (NOTE	Registered Agent signature	e required when reinstating) DATE
12.	Signature, typed or printed name of registered a OFFICERS AI	gent and little if applicable (NOTE ND DIRECTORS	13.	e required when reinsteting) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	Signature, typed or printed name of registered a OFFICERS AI	gent and little if applicable (NOTE	13. 1.1 TITLE	e required when reinsteting) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President Addition
12. TITLE NAME	Signature, typed or printed name of registered at OFFICERS AI PD MARCEL CASTINE	gent and little if applicable (NOTE ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS AI PD MARCEL CASTINE 821 SLEEPY COURT	gent and little if applicable (NOTE ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption slated 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. 407-

121-5030

FILED

Jun 16 1997 8:00am

Secretary of State