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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24620 (9)

1. Corporation Name
ORLANDO YOUTH HOCKEY ASSOCIATION, INC.



Principal Place of Business 9466 WICKHAM WAY ORLANDO FL 32836 US	Mailing Address 9466 WICKHAM WAY ORLANDO FL 32836-5520 US
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/01/1988		3a. Date of Last Report 02/26/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0075258		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SIMONINI, ROBERT 9466 WICKHAM WAY ORLANDO FL 32803-6				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

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 *Robert Simonini* **May 1, 1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARCEL CASTINE			1.2 NAME	Jeff Dodson		
STREET ADDRESS	821 SLEEPY COURT			1.3 STREET ADDRESS	1675 Kingston Road		
CITY-ST-ZIP	CASSELBERRY FL			1.4 CITY-ST-ZIP	Longwood, FL 32750	Director	
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	Frank Garnett, Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SIMONINI, ROBERT			2.2 NAME	Frank Garnett		
STREET ADDRESS	9466 WICKHAM WAY	Director		2.3 STREET ADDRESS	521 Shephard Ave		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	Winter Park, FL 32789	Director	
TITLE	R	<input type="checkbox"/> DELETE		3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FORREST, LORI			3.2 NAME	Mary Reynolds		
STREET ADDRESS	1012 CALIFORNIA CREEK DR	Director		3.3 STREET ADDRESS	14862 Lone Eagle Drive		
CITY-ST-ZIP	OVIEDO FL			3.4 CITY-ST-ZIP	Orlando, FL 32837	Director	
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Recording Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBERTS, DAN			4.2 NAME	Liz Earle		
STREET ADDRESS	1335 ALFONZO CIR.			4.3 STREET ADDRESS	9236 Bay Point Drive		
CITY-ST-ZIP	WINTER SPGS. FL			4.4 CITY-ST-ZIP	Orlando, FL 32819	Director	
TITLE	ATD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORINGIONE, ANITA			5.2 NAME			
STREET ADDRESS	1454 COVE HILL CT.			5.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			5.4 CITY-ST-ZIP			
TITLE	CSD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANTHONY, DOT			6.2 NAME			
STREET ADDRESS	167 DUNDAN TRAIL			6.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			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.

SIGNATURE *Robert Simonini* **May 1, 1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (9/96)