

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000004793

**Entity Name:** FLORIDA KINGS HOCKEY CLUB INC**Current Principal Place of Business:**900 PENINSULA CORPORATE CIRCLE  
BOCA RATON, FL 33487**Current Mailing Address:**900 PENINSULA CORPORATE CIRCLE  
BOCA RATON, FL 33487 US**FEI Number:** 88-2316100**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLARK, PAMELA  
900 PENINSULA CORPORATE CIRCLE  
BOCA RATON, FL 33487 US*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.***SIGNATURE:** PAMELA J CLARK

03/13/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           JENSEN, CHRISTOPHER  
Address        110 E ATLANTIC AVE  
                  STE 420  
City-State-Zip: DELRAY BEACH FL 33444

Title            OFFICER  
Name           BOYD, BRADFORD  
Address        900 PENINSULA CORPORATE CIRCLE  
City-State-Zip: BOCA RATON FL 33487

Title            OFFICER  
Name           KOVACS, DAN DR.  
Address        900 PENINSULA CORPORATE CIRCLE  
City-State-Zip: BOCA RATON FL 33487

Title            OFFICER  
Name           CLOWE, RYANE  
Address        900 PENINSULA CORPORATE CIRCLE  
City-State-Zip: BOCA RATON FL 33487

Title            OFFICER  
Name           CLARK, PAMELA  
Address        900 PENINSULA CORPORATE CIRCLE  
City-State-Zip: BOCA RATON FL 33487

Title            OFFICER  
Name           DRUMMOND, KEN  
Address        900 PENINSULA CORPORATE CIRCLE  
City-State-Zip: BOCA RATON FL 33487

Title            OFFICER  
Name           BROWN, MIKE  
Address        900 PENINSULA CORPORATE CIRCLE  
City-State-Zip: BOCA RATON FL 33487

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAMELA CLARK**OFFICER**

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date