

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004399

Entity Name: HOCKEY MINISTRIES INTERNATIONAL INCORPORATED

FILED
Feb 16, 2016
Secretary of State
CC9217295949

Current Principal Place of Business:

1100 MONTREAL CANADIENS AVENUE
SUITE 253 BOX 7
MONTREAL, H3B 2S2

Current Mailing Address:

1100 MONTREAL CANADIENS AVENUE
SUITE 253 BOX 7
MONTREAL, H3B 2S2 CA

FEI Number: 41-1374955

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GEORGE, DAWN
18301 NW 79 COURT
MIAMI, FL 33015 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LOADER, RALPH
Address 428 STRATHCONA
City-State-Zip: WESTMOUNT H3Y 2X1

Title DIRECTOR
Name HENDRICKSON, PAUL
Address 4 LONG HILL
City-State-Zip: BOXFORD MA 01921

Title PRESIDENT
Name LIESEMER, DONALD
Address 155 KIPLING AVENUE
City-State-Zip: BEACONSFIELD QUEBEC H9W 2Z9

Title VP
Name LIESEMER, CHRISTY
Address 175 BOUCHARD BLVD
 UNIT 3
City-State-Zip: DORVAL QUEBEC H9S 1A9

Title SECRETARY
Name SEEKINGS, DAN
Address 1914 LAUDER DRIVE
City-State-Zip: OTTAWA ONTARIO K2A 1B1

Title TREASURER
Name LI, YU HUI
Address 815 CR. SABOURIN
City-State-Zip: BROSSARD QUEBEC J4X 2B4

Title DIRECTOR
Name BOOTH, DAVID
Address 5110 CRYSTAL CREEK LN
City-State-Zip: WASHINGTON MI 48094

Title DIRECTOR
Name NILL, JIM
Address 6037 SWEENEY TRAIL
City-State-Zip: FRISCO TX 75034

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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: CHRISTY LIESEMER

VICE PRESIDENT

02/16/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCKECHNIE, PAUL
Address 26 KEPPLER CRES
City-State-Zip: NEPEAN ONTARIO K2H 8M5

Title DIRECTOR
Name SHAW, BILL DR.
Address 111 RIVERSHORE DR
City-State-Zip: SAINT JOHN NB E2K4X4