

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90003 033 \*\*\*\*61.25

**DOCUMENT # F99000005892**

1. Entity Name  
**AMERICAN HOCKEY COACHES ASSOCIATION, INC.**



Principal Place of Business  
**13214 SAINT TROPEZ CIRCLE  
PALM BEACH SPRINGS, FL 33410**

Mailing Address  
**13214 SAINT TROPEZ CIRCLE  
PALM BEACH SPRINGS, FL 33410**

**54064318**



2. Principal Place of Business  
**13214 Saint Tropez Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**13214 Saint Tropez Circle**  
Suite, Apt. #, etc.

07132004 Chg-NP CR2E037 (10/03)

City & State  
**Palm Beach Garden, FL**

City & State  
**Palm Beach Garden, FL**

4. FEI Number  
**02-0348525**  
Applied For  
Not Applicable

Zip  
**33410**  
Country  
**USA**

Zip  
**33410**  
Country  
**USA**

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

6. Name and Address of Current Registered Agent

**DELVENTHAL, BRUCE  
13214 SAINT TROPEZ CIRCLE  
PALM BEACH SPRINGS, FL 33410**

7. Name and Address of New Registered Agent

Name  
**DeIventhal, Bruce**  
Street Address (P.O. Box Number is Not Acceptable)  
**13214 Saint Tropez Circle**  
City  
**Palm Beach Garden** FL Zip Code  
**33410**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

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

TITLE	CED	<input type="checkbox"/> Delete
NAME	BERTAGNA, JOSEPH	
STREET ADDRESS	CONCORD STREET	
CITY-ST-ZIP	GLOUCESTER, MA 09130	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRILLO, ROGER	
STREET ADDRESS	BROWN UNIVERSITY	
CITY-ST-ZIP	PROVIDENCE, RI 02903	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	SANDELIN, SCOTT	
STREET ADDRESS	UNIV. OF MINNESOTA-DULUTH	
CITY-ST-ZIP	DULUTH, MN 55812	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	KEMP, MIKE	
STREET ADDRESS	UNIV. OF NEBRASKA AT OMAHA	
CITY-ST-ZIP	OMAHA, NE 68182	
TITLE	3VP	<input type="checkbox"/> Delete
NAME	SNEDDON, KEVIN	
STREET ADDRESS	UNION COLLEGE	
CITY-ST-ZIP	SCHENECTADY, NY 12308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marshall, Bruce	
STREET ADDRESS	Univ. of Connecticut	
CITY-ST-ZIP	Hartford, CT 06112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	3VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sneddon, Kevin	
STREET ADDRESS	Univ. of Vermont	
CITY-ST-ZIP	Burlington, VT 05401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

7/15/04

661 818 6369

Date

Daytime Phone #