

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000004697

1. Entity Name
**CENTRAL FLORIDA ICE HOCKEY OFFICIALS
ASSOCIATION, INC.**



Principal Place of Business
**4406 S. FLORIDA AVENUE #18
LAKELAND, FL 33813**

Mailing Address
**POST OFFICE BOX 7307
LAKELAND, FL 33807-7307**



04182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3659060

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HERMAN, STEPHEN D
4406 S. FLORIDA AVENUE #18
LAKELAND, FL 33813**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE SD
NAME MCGINNIS, LARRY
STREET ADDRESS 13422 CARAWAY DR.
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE PD
NAME MARRINER, CHRIS
STREET ADDRESS 1306 7TH STREET WEST
CITY-ST-ZIP PALMETTO, FL 34221

TITLE D
NAME BUCKNER, RONALD
STREET ADDRESS 11347 PENKLE RD
CITY-ST-ZIP LAKELAND, FL 33809

TITLE TD
NAME HERMAN, STEPHEN D
STREET ADDRESS 1271 SCOTTSLAND DRIVE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE VD
NAME CAHOON, KEVIN
STREET ADDRESS 758 E. GILCHREST COURT
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D
NAME CRAWFORD, JOHN
STREET ADDRESS 3410 HOLLAND DR
CITY-ST-ZIP BRANDON, FL 33511

U00000748815
05/17/07-80082-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEPHEN D HERMAN TREASURER

4/26/07

863-701-7799