

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90107 037 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 4945 SOUTHFORK DR		3. Mailing Address Suite, Apt. #, etc.		04042008 Chg-NP CR2E037 (12/06)	
City & State LAKELAND, FL		City & State LAKELAND, FL		4. FEI Number 59-3659060	
Zip 33813		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERMAN, STEPHEN D 4406 S. FLORIDA AVENUE #18 LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD NAME MCGINNIS, LARRY STREET ADDRESS 13422 CARAWAY DR. CITY-ST-ZIP RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete		TITLE SD NAME SCOTT BANKS STREET ADDRESS 18239 BRIDLE CLUB DR CITY-ST-ZIP TAMPA, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME MARRINER, CHRIS STREET ADDRESS 1306 7TH STREET WEST CITY-ST-ZIP PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BUCKNER, RONALD STREET ADDRESS 11347 PENKLE RD CITY-ST-ZIP LAKELAND, FL 33809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HERMAN, STEPHEN D STREET ADDRESS 1271 SCOTSLAND DRIVE CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME CAHOON, KEVIN STREET ADDRESS 758 E. GILCHREST COURT CITY-ST-ZIP HERNANDO, FL 34442	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CRAWFORD, JOHN STREET ADDRESS 3410 HOLLAND DR CITY-ST-ZIP BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			4/21/08 863-701-7799 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					