

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003817

FILED  
Jan 17, 2009  
Secretary of State

**Entity Name:** TITANS YOUTH HOCKEY CLUB, INC.

**Current Principal Place of Business:**

9525 AQUA LN  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1431  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 59-3724151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCAUGHERTY, JOHN B JR.  
9525 AQUA LN  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TARDIF, MARK  
Address: 520 LAKEWOOD DRIVE  
City-St-Zip: OLDSMAR, FL 34677

Title: VD ( ) Delete  
Name: MCCAUGHERTY, JOHN B  
Address: 9525 AQUA LN  
City-St-Zip: ODESSA, FL 33556

Title: SD ( ) Delete  
Name: MADDEN, TIMOTHY M  
Address: 3322 SOUTH SHAMROCK ROAD  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY MADDEN

SD

01/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date