

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007143

FILED
Apr 29, 2008
Secretary of State

Entity Name: SOUTHWEST FLORIDA YOUTH TRAVEL HOCKEY ASSOCIATION, INC.

Current Principal Place of Business:

2250 BROADWAY
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

4929 SW 9TH PLACE
CAPE CORAL, FL 33914

New Mailing Address:

P. O. BOX 101675
CAPE CORAL, FL 33910

FEI Number: 90-0120545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAYER, ANTOINETTE
4929 SW 9TH PLACE
CAPE CORAL, FL 33914 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: T () Delete
Name: BOYD, KAREN
Address: 2250 BROADWAY
City-St-Zip: FT. MYERS, FL 33901

Title: P () Delete
Name: GAYER, ANTOINETTE
Address: 4929 SW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: PLATE, ANDREW
Address: 1429 SW 49TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: SCARPACI, FRANK
Address: 2250 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: BOYD, KAREN
Address: 2250 BROADWAY
City-St-Zip: FT. MYERS, FL 33901

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: ANTOINETTE S. GAYER

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date