

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003604

FILED
Apr 19, 2009
Secretary of State

Entity Name: FLORIDA WOMEN'S HOCKEY LEAGUE, INC.

Current Principal Place of Business:

3440 N GOLDENROD ROAD
#1038
WINTER PARK, FL 32792

New Principal Place of Business:

5742 TWIN PALMS ROAD
FRUITLAND PARK, FL 34731

Current Mailing Address:

5323 WATSON ROAD
RIVERVIEW, FL 33578

New Mailing Address:

FEI Number: 11-3754359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAHOON, JOANNE
5323 WATSON ROAD
RIVERVIEW, FL 33578 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: P/T () Delete
Name: SUMNER, JENNIFER
Address: 3440 N GOLDENROD ROAD #1038
City-St-Zip: WINTER PARK, FL 32792

Title: VP/T () Delete
Name: HORNE, DENISE A
Address: 3722 LUZON STREET
City-St-Zip: FORT MYERS, FL 33901

Title: T/T () Delete
Name: CAHOON, JOANNE
Address: 5323 WATSON ROAD
City-St-Zip: RIVERVIEW, FL 33578

Title: S/T () Delete
Name: TURNER, DOLORES
Address: 3440 N GOLDENROD ROAD #1038
City-St-Zip: WINTER PARK, FL 32792

Title: TD/T () Delete
Name: BOORTZ, PAMELA
Address: 1213 EMERALD HILL WAY
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: SUMNER, JENNIFER
Address: 5742 TWIN PALMS ROAD
City-St-Zip: FRUITLAND PARK, FL 34731

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

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

Title: S/T (X) Change () Addition
Name: TURNER, DOLORES
Address: 10861 STEEDING HORSE DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

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: JENNIFER SUMNER

P/T

04/19/2009

Electronic Signature of Signing Officer or Director

Date