

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011442

FILED
Apr 21, 2005
Secretary of State

Entity Name: SEMINOLE COUNTY YOUTH HOCKEY FOUNDATION, INC.

Current Principal Place of Business:

277 SHADY OAKS CIRCLE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

277 SHADY OAKS CIRCLE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 43-2072464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMMONS, MARTIN P
277 SHADY OAKS CIRCLE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

SIMMONS, MARTIN P
226 LAKEBREEZE CIRCLE
LAKE MARY, FL 32746 US

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:

04/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIND, STEPHEN A
Address: 277 SHADY OAKS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: DV () Delete
Name: GUY, KATHY
Address: 306 OLD DUNN COURT
City-St-Zip: LAKE MARY, FL 32746

Title: DT () Delete
Name: LIND, CYNTHIA
Address: 277 SHADY OAKS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: DS () Delete
Name: VINING, LORI
Address: 2858 BUCCANNEER DR
City-St-Zip: WINTER PARK, FL 32792

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEPHEN A. LIND

PRES

04/21/2005

Electronic Signature of Signing Officer or Director

Date