

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009800

FILED
Apr 15, 2009
Secretary of State

Entity Name: ICE DOGS HOCKEY CLUB INC.

Current Principal Place of Business:

494 JOHN'S CREEK PKWY
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

494 JOHN'S CREEK PKWY
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-5574999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERLIN, MARK
7901 BAYMEADOWS WAY #8
JACKSONVILLE, FL 32256 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/S () Delete
Name: STROT, BRETT A
Address: 494 JOHN'S CREEK PKWY
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: V () Delete
Name: FERLIN, MARK E
Address: 4556 SWILICAN BRIDGE LN N.
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: LARSON, RICK
Address: 12293 ARBOR DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: DUGUAY, RON
Address: PO BOX 1853
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: MACCURREN, ALAN
Address: 4970 MAYBANK WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Change (X) Addition
Name: LENNER, ROBB
Address: 7117 VALENCIA DR
City-St-Zip: BOCA RATON, FL 33433

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: BRETT A. STROT

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date