FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:31

DOCUMENT # N45484 (5)

1. Corporation Name
GULF COAST HOCKEY ASSN., INC.

Principal Place of Business	Mailing Address
C/O ICE CHATEAU INC. 1097 TAMIAMI TRAIL NORTH NOKOMIS FL 34275	C/O ICE CHATEAU INC. 1097 TAMIAMI TRAIL NORTH NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1991
3a. Date of Last Report: 07/12/1994
4. FEI Number: 65-0408405 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

LYONS, ROB
4968 KESTRAL PKWY.
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD D	☐ Change ☐ Addition
NAME	LYONS, ROB	12 NAME	LYONS ROB	
STREET ADDRESS	4968 KESTRAL PKWY.	13 STREET ADDRESS	4968 Kestral Pkwy	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Sarasota Fl 34231	
TITLE	STD	21 TITLE	STD D	☒ Change ☐ Addition
NAME	CURCHIN, KEN	22 NAME	WOLFE, ORAN	
STREET ADDRESS	1420 WESTBROOK DR.	23 STREET ADDRESS	510 N. BAYVIEW PKWY	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	NOKOMIS FL. 34275	
TITLE	VD	31 TITLE	V P D	☒ Change ☐ Addition
NAME	DICKSON, JEFF	32 NAME	GRIER, WILLIAM	
STREET ADDRESS	125 SEAMAN RD.	33 STREET ADDRESS	213 CADDY RD.	
CITY-ST-ZIP	OSPREY FL	34 CITY-ST-ZIP	ROTUNDA WEST FL. 33947	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	RESIGNED AS PRES	
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert E Lyons 4-14-95 813-921-0972
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

001667