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FILED

Jan 22 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N45484 (5)

1. Corporation Name

GULF COAST HOCKEY ASSN., INC.

Principal Place of Business

C/O ICE CHATEAU INC.  
1097 TAMiami TRAIL NORTH  
NOKOMIS FL 34275

Mailing Address

1117 UNDERWOOD DR.  
VENICE FL 34292-2417

3. Date Incorporated or Qualified  
10/04/1991

3a. Date of Last Report  
07/08/1996

2. Principal Place of Business

21 VENICE ICE PAVILION

2a. Mailing Address

26 ~~1117 UNDERWOOD DR.~~

4. FEI Number  
65-0408405

Applied For  
Not Applicable

Suite, Apt. #, etc.

22 1266 US 41 BYPASS S

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

23 VENICE, FL

City & State

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

24 34292

Country

25 USA

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURROWS, DUANE  
1117 UNDERWOOD DR.  
VENICE FL 34292

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE DUANE BURROWS

*Duane Burrows*

1-10-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BURROWS, DUANE  
STREET ADDRESS 1117 UNDERWOOD DR.  
CITY-ST-ZIP VENICE FL 34292

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME FORTIER, DAVE  
STREET ADDRESS 207 ABALONE RD.  
CITY-ST-ZIP VENICE FL 34292

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME LACROSS, JEFF  
STREET ADDRESS 403 AZURE RD.  
CITY-ST-ZIP VENICE FL 34293

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME SESTILIO, DEBBIE  
STREET ADDRESS 25400 NARWHAL LN.  
CITY-ST-ZIP PUNTA GORDA FL 33983

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DUANE BURROWS

1-10-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064649

CR2E037 (9/96)