

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED
95 APR 25 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51291 (5)

1. Corporation Name
GREATER TAMPA YOUTH HOCKEY, INC.

Principal Place of Business Mailing Address
P.O. BOX 219 OLDSMAR FL 34677 P.O. BOX 219 OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/09/1992 3a. Date of Last Report 05/01/1994
4. FEI Number 59-3184912 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEMMA, CECIL L JR
60 NEERPORT CT
OLDSMAR FL 34677

81 Name Stewart, Jerome P.
82 Street Address (P.O. Box Number is Not Acceptable) 4201 Summerdale Drive
83
84 City Tampa FL 85 Zip Code 33624

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 *J.P. Stewart* Jerome P. Stewart 4-18-95
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SENGER, GENE
STREET ADDRESS	3145 VALENCIA LANE E
CITY-ST-ZIP	PALM HARBOR FL
TITLE	VD
NAME	MASSARO, MARILYN
STREET ADDRESS	3708 KEATFIELD PL
CITY-ST-ZIP	BRANDON FL
TITLE	SD
NAME	BOYLE, WENDY
STREET ADDRESS	6334 B3 NEWTON CIR
CITY-ST-ZIP	TAMPA FL
TITLE	TD
NAME	LEMMA, CECIL L JR
STREET ADDRESS	60 DEERPATH CT
CITY-ST-ZIP	OLDSMAR FL
TITLE	D
NAME	KOON, ROBERT
STREET ADDRESS	1523 PELICAN PL
CITY-ST-ZIP	PALM HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McClenaghan, Charle
1.3 STREET ADDRESS	4039 Carlyle Lakes Blvd.
1.4 CITY-ST-ZIP	Palm Harbor, FL 34605
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Santa Cruz, Roque Dum
2.3 STREET ADDRESS	420 El Greco Drive
2.4 CITY-ST-ZIP	Brandon, FL 33511
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Eno, Edward
3.3 STREET ADDRESS	3104 Masters Drive
3.4 CITY-ST-ZIP	Clearwater, FL 34621
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Stewart, Jerome P.
4.3 STREET ADDRESS	4201 Summerdale Drive
4.4 CITY-ST-ZIP	Tampa, FL 33624
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *J.P. Stewart* Jerome P. Stewart 4/18/95 (813) 878-3996
(Signature and typed or printed name of signing officer or director. (Daytime Phone #))