

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N51291 (5)**  
1. Corporation Name  
**GREATER TAMPA YOUTH HOCKEY, INC.**



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

3. Date Incorporated or Qualified: 10/09/1992  
3a. Date of Last Report: 04/25/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3184912	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

STEWART, JEROME P.  
4201 SUMMERDALE DRIVE  
TAMPA FL 33624

81 Name: Cecil L. Lemma  
82 Street Address (P.O. Box Number is Not Acceptable): 60 DEERPATH COURT  
83  
84 City: OLDSMAR FL 85 Zip Code: 34677

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: *Cecil L. Lemma* (NOTE: Registered Agent's signature required when reinstating) DATE: 6/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	MCLENNAGHAN, CHARLE 4039 CARLYLE LAKES BLVD PALM HARBOR FL	1.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	SANTA CRUZ, ROGUE D 420 EL GRECO DRIVE BRANDON FL	2.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	ENO, EDWARD 3104 MASTERS DRIVE CLEARWATER FL	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	STEWART, JEROME P. 4201 SUMMERDALE DRIVE TAMPA FL	4.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	KOON, ROBERT 1523 PELICAN PL PALM HARBOR FL	5.1 TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:		5.2 NAME: Cecil L. Lemma	
TITLE:		5.3 STREET ADDRESS: 60 Deerpath Ct.	
TITLE:		5.4 CITY-ST-ZIP: OLDSMAR, FL 34677	
TITLE:		5.5 NAME: Jim Walker	
TITLE:		5.6 STREET ADDRESS: 620 14th St.	
TITLE:		5.7 CITY-ST-ZIP: Palm Harbor FL 34683	

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: *Cecil L. Lemma* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 5/15/96 DAYTIME PHONE #: 813-855-1404

CR2E037 (12/95)