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May 12 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 # 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 34677-0004

3. Date Incorporated or Qualified
10/09/1992

3a. Date of Last Report
05/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-3184912

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

5.00 May Be Added to Fees

24

25

29

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

LEMMA, CECIL L
60 DEERPATH COURT
OLDSMAR FL 34677

81 Name
Zolkower, Jan

82 Street Address (P.O. Box Number is Not Acceptable)
2471 Indian Tr. E.

83

84 City
Palm Harbor, FL 85 Zip Code
34683

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/25/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MCCLLENAGHAN, CHARLE
4039 CARLYLE LAKES BLVD
PALM HARBOR FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
PD
Zolkower, Jan
2471 Indian Tr. E
Palm Harbor, FL 34683

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
SANTA CRUZ, ROGUE D
420 EL GRECO DRIVE
BRANDON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
0

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
WALKER, JIM
620 14TH ST.
PALM HARBOR FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
VD
Hoffman, Diana
2968 Heather Tr
Clearwater, FL 34621

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
STEWART, JEROME P.
4201 SUMMERDALE DRIVE
TAMPA FL

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
LEMMA, CECIL L
60 DEERPATH COURT
OLDSMAR FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
TD
ROSEFARO, Dennis
2564 Cumberland Tr.
Clearwater, FL 34621

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
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: *[Signature]*

Date: 4/25/97

Daytime Phone # 813 787-6253

CP2E037 (9/96)