

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51291

Entity Name: GREATER TAMPA YOUTH HOCKEY, INC.

FILED
Sep 22, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 219
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 219
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3184912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THERESA, MUELLER
262 JEAN STREET
PALM HARBOR, FL 34683

Name and Address of New Registered Agent:

FRASSE, CARL
P.O. BOX 270274
TAMPA, FL 33688

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CARL FRASSE

09/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THERESA, MUELLER
Address: 262 HEAN STREET
City-St-Zip: PALM HARBOR, FL 34683

Title: VD (X) Delete
Name: DANIEL, BUBLEY
Address: 3280 NORTHDAL BLVD UNIT 312
City-St-Zip: TAMPA, FL 33624

Title: TD (X) Delete
Name: MUELLER, THERESA
Address: 262 JEAN ST
City-St-Zip: PALM HARBOR, FL 34683

Title: SD (X) Delete
Name: LUCKE, MARY B
Address: 1892 EAGLE TRACE BLVD
City-St-Zip: PALM HARBOR, FL 34685

Title: TD () Delete
Name: CARL, FRASSE
Address: 5313 WINDBRUSH
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIKE, POLTASH
Address: P.O. BOX 219
City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL FRASSE

TD

09/22/2004

Electronic Signature of Signing Officer or Director

Date