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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB 13 PM 1:37

DOCUMENT # N93000003713 (5)

1. Corporation Name
HOCKEY FOR THE HOMELESS, INC.

Principal Place of Business	Mailing Address
13621 SW 17TH CT. ~~#104-G~~ MIRAMAR FL 33027-3449 US	P.O. BOX 16771 PLANTATION FL 33318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1993
3a. Date of Last Report: 07/19/1994
4. FEI Number: 65-0432397 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21 13621 SW 17th CT.	26
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc.
23 City & State: MIRAMAR FL	28 City & State
24 Zip: 33027-3449 25 Country: U.S.A.	29 Zip 30 Country

9. Name and Address of Current Registered Agent

ROUSTAN, W. G
13621 SW 17 CT.
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

81 Name: ROUSTAN, W. GRAEME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: W. Graeme Roustan - PRESIDENT FEB. 6, 1995
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	1.1 TITLE	PS · DC	☒ Change ☐ Addition
NAME	ROUSTAN, W. G	1.2 NAME	ROUSTAN, W. GRAEME	
STREET ADDRESS	13621 SW 17 CT.	1.3 STREET ADDRESS	13621 SW 17 CT.	
CITY-ST-ZIP	MIRAMAR FL 33027	1.4 CITY-ST-ZIP	MIRAMAR FL 33027-3449	
TITLE	D	2.1 TITLE	MD	☒ Change ☐ Addition
NAME	ROUSTAN, WAYNE K	2.2 NAME	ROUSTAN, WAYNE K.	
STREET ADDRESS	13621 SW 17 CT.	2.3 STREET ADDRESS	13621 SW 17 CT	
CITY-ST-ZIP	MIRAMAR FL 33027	2.4 CITY-ST-ZIP	MIRAMAR FL 33027-3449	
TITLE	VPD	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MAGRINO, ANTHONY	3.2 NAME	MAGRINO ANTHONY	
STREET ADDRESS	18164 SW 5 CT.	3.3 STREET ADDRESS	18164 SW 5 CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	3.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VPD	4.1 TITLE	T	☒ Change ☒ Addition
NAME	BRUECK, JOHN K JR	4.2 NAME	IVY L. DRAPER	
STREET ADDRESS	13821 SW 17 CT. DELETE	4.3 STREET ADDRESS	1018 NW 125 AVENUE	
CITY-ST-ZIP	MIRAMAR FL	4.4 CITY-ST-ZIP	SUNRISE - FL 33323-3165	
TITLE	D	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	LANDY, JOHN	5.2 NAME	LANDY, JOHN	
STREET ADDRESS	18124 NW 63 CT.	5.3 STREET ADDRESS	18124 NW 63CT	
CITY-ST-ZIP	MIAMI FL 33015	5.4 CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D	6.1 TITLE	VPD	☒ Change ☐ Addition
NAME	ANTHONY, STEVE	6.2 NAME	ANTHONY, STEVE	
STREET ADDRESS	10870 GULFVIEW DR., S.	6.3 STREET ADDRESS	10870 GULFVIEW DR., S.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	6.4 CITY-ST-ZIP	PEMBROKE PINES FL 33026	

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)(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: W. Graeme Roustan - Pres. FEB. 6, 1995 305 433-0143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040731