

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 # N93000003713 (5)

1. Corporation Name

HOCKEY FOR THE HOMELESS, INC.



Principal Place of Business

13621 SW 17TH CT
#104-C
MIRAMAR FL 33027-3449
US

Mailing Address

P.O. BOX 16771
PLANTATION FL 33318

3. Date Incorporated or Qualified
08/12/1993

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0432397

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

Country

25

Country

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSDC	<input type="checkbox"/> DELETE
NAME	ROUSTAN, W. G	
STREET ADDRESS	13621 SW 17 CT.	
CITY-STATE-ZIP	MIRAMAR FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	ROUSTAN, WAYNE K	
STREET ADDRESS	13621 SW 17 CT.	
CITY-STATE-ZIP	MIRAMAR FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MAGRINO, ANTHONY	
STREET ADDRESS	18164 SW 5 CT.	
CITY-STATE-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME	DRAPER, IVY L	
STREET ADDRESS	1018 NW 125TH AVE	
CITY-STATE-ZIP	SUNRISE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LANDY, JOHN	
STREET ADDRESS	18124 NW 63 CT.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ANTHONY, STEVE	
STREET ADDRESS	10870 GULFVIEW DR., S.	
CITY-STATE-ZIP	PEMBROKE PINES FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LANDRY, JOHN
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. GRAEME ROUSTAN 3/16/96

Date Daytime Phone #

(310) 286-1754

CR2E037 (12/95)