

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001933

FILED
Mar 23, 2009
Secretary of State

Entity Name: SOUTHERNMOST HOCKEY CLUB, INC.

Current Principal Place of Business:

1107 KEY PLAZA
SUITE #287
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1107 KEY PLAZA
SUITE #287
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0479036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEWIN, JAY
1101 PETRONIA ST. #1
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WRIGHT, SEAN
Address: 1107 KEY PLAZA #287
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: LEE, TOMMY
Address: 3728 DONALD AVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: CONDELLA, RYAN
Address: A14 7TH AVE
City-St-Zip: KEY WEST, FL 33040

Title: TD () Delete
Name: GEWIN, JAY
Address: 1101 PETRONIA ST. #1
City-St-Zip: KEY WEST, FL 33040

Title: SD () Delete
Name: IARROBINO, OLLIE
Address: 349 AIRPORT DR. N.
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D () Delete
Name: BUTLER, ANDY
Address: 1724 PATRICIA ST.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 exemption stated in Chapter 119, 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: JAY GEWIN

TD

03/23/2009

Electronic Signature of Signing Officer or Director

Date