

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 # N94000002255 (7)

1. Corporation Name

TAMPA BAY THUNDER MINOR HOCKEY CLUB, INCORPORATE
D



Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

BURGESS, COLLETTE P

3. Date Incorporated or Qualified
03/18/1994

3a. Date of Last Report
04/04/1995

4. FLEI Number
59-3235261

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 617.0507 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 of Special Agent in Charge or other person authorized to accept service of process on behalf of the corporation

Signature of Registered Agent (Signature required when not filing)

Date

12. OFFICERS AND DIRECTORS

11 TITLE **PD** ☐ DELETE
12 NAME **BURGESS, WILLIAM H.**

13 STREET ADDRESS
14 CITY - ST - ZIP

11 TITLE **VD** ☐ DELETE

12 NAME **HOULE, WILLIAM R.**
13 STREET ADDRESS **1529 HUNTER LANE**
14 CITY - ST - ZIP **CLEARWATER FL 34624**

11 TITLE **D** ☐ DELETE

12 NAME **JUDLOIN, JIM (spelling)**
13 STREET ADDRESS **4152 WAIKIKI DRIVE (spelling)**
14 CITY - ST - ZIP **SARASOTA FL**

11 TITLE **T** ☐ DELETE

12 NAME **HOULE, DIANA - (spelling) -->**
13 STREET ADDRESS **1529 HUNTER LANE**
14 CITY - ST - ZIP **CLEARWATER FL**

11 TITLE ☐ DELETE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

11 TITLE ☐ DELETE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if 1)

11 TITLE ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

**Add
34624 Zip**

**Judoin, Jim
4152 Wai kiki Drive
Sarasota, FL**

**Houle, Diane
(Same)**

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:

Diane J. Houle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

813-464-6410

CR2E037 (12/95)