NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002255

TAMPA BAY THUNDER MINOR HOCKEY CLUB, INCORPORATE

Principal Place of Business 1529 HUNTER LANE CLEARWATER FL 33764 Mailing Address

1529 HUNTER LANE CLEARWATER FL 33764

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90113 031 ****61.25

97123 90113 31



2. Principal Place of Business	la. Malling Address		3. Date Incorporated or Qualifed		
- 1000 C	7 . ~ ~ .	i Lake D		. 1	
21 13822 Country Luke Dr. 2 Suite, Apt. #, etc.	Sulte, Apt. #. etc.		4. FEI Number	Applied For	
	–		59-3235261	Not Applicable	
22	City & State			\$8:75 Additional	
23 Tampa, FL 2	¬		5. Certificate of Status Desired	Fee Required	
Zip Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
24 33624 25 USA 2	33624 30	USA	Trust Fund Contribution	Added to Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
		81 Name	Debbie M. Owen		
BURGESS, COLLETTE P		92 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
BUNGESS, COLLETTE P		02 3000	15822 Country Lake Dr.		
		83			
		<u> </u>		(2) (2) (3)	
,		84 City	Tampa FL	85 Zip Code 33624	
44 Dun and to the emissions of Sections 617 0507 and	1617 1508 Florida Statutes	the above-named	annually submits this statement for the numose of ch	enging its registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Floride 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 617.0000, Finite Statutes.					
SIGNATURE DOODLE M. OWEN	DEBBIE M. DI	WEN 5	FRETARY TREASURER 1-8	<u></u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algunture required when relations) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<u></u>	DELETE	1,1 TITLE		DIRECTORS IN 12	
TITLE PD	A 00.1.1.2	1.2 NAME			
NAME BURGESS, WILLIAM H.			DEBBIE COX	CAZE037	
STREET ADDRESS		1.3 STREET ADDRESS	PALM HARBOR, FL 34684	. 3	
CITY-ST-ZIP	E DELETE	1.4 CITY-ST-ZIP		Addition U	
∤ π∟E VD	E DELETE	2.1 TITLE	VD.	Sounds Character	
HOULE, WILLIAM R.		2.2 NAME	DAVID S. OWEN	1	
STREET ADDRESS 1529 HUNTER LANE		2.3 STREET ADDRESS	15822 COUNTRY LAKE DR.		
CITY-ST-ZIP CLEARWATER FL		2.4 CITY-ST-ZIP	TAMPA, FL 33624	Addition	
TITLE T	Ø DELETE	3.1 TMLE	T	Change	
NAME HOULE, DIANE		3.2 NAME	DEBBIE M. OWEN		
STREET ADDRESS 1529 HUNTER LANE	· · · · · · · · · · · · · · · · · · ·	3.3 STREET ADDRESS	15822 COUNTRY LAKE DR.		
CITY-ST-ZP CLEARWATER FL		3.4, CITY-ST-ZIP	TAMPA, FL = 33624		
TITLE	☐ DELETE	4.1 TITLE	,	☐ Change ☐ Addition	
NAME		4, 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		44 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		Change Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
		54 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		Change Addition	
i l	<u> </u>	6.2 NAME	1	ľ	
NAME		6.3 STREET ADDRESS		. 1	
STREET ADDRESS	j	6.4 CITY-ST-ZIP]		
CITY-ST-ZP	CIL - da a casa su allés das th		d in Section 119 07(3VI) Florida Statutes I further certify	that the information	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certay that the information indicated on this annual report or suppliemental 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, with all other like empowered.

SIGNATURE:

Deposign OTHER REQUIRED

1-8-99

(813)963-2350