

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 # N94000004338 (9)

1. Corporation Name

DAYTONA YOUTH HOCKEY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**222 S. PENINSULA DRIVE
DAYTONA BEACH FL 32118**

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DAYTONA BEACH FL 32118**

3. Date Incorporated or Qualified
09/06/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3276264

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**

Zip

Country

Zip

Country

24

25

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

**LANDALL, KATHY
6 OAK KNOLL WAY
ORMOND BEACH FL 32174**

81 Name

BRIDGET FISHER

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

2319 OLD KINGS RD.

83

84 City

Port Orange

FL

85 Zip Code

32119

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

Bridget Fisher

4-30-96

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

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLEITZ, TERRY	
STREET ADDRESS	711 DOLPHINHEAD LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANDAU, KATHY	
STREET ADDRESS	6 OAK KNOLL WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICHIARA, DANNY	
STREET ADDRESS	20 BRAMBLEWOOD LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	BRIDGET FISHER	
13 STREET ADDRESS	2319 OLD KINGS RD	
14 CITY-ST-ZIP	PORT ORANGE, FL. 32119	
21 TITLE	DAVID ROMEO "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DAVID ROMEO	
23 STREET ADDRESS	100 EAST GRANADA BLVD.	
24 CITY-ST-ZIP	ORMOND BEACH FL. 32176	
31 TITLE	"D"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DANNY DICHIARA	
33 STREET ADDRESS	20 BRAMBLEWOOD LANE	
34 CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	600001882898	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-07/03/96--01022--028	
63 STREET ADDRESS	***61.25	
64 CITY-ST-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:

Bridget Fisher

4-30-96

904-756-4723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)