

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004886

Entity Name: TAMARAC HOCKEY CLUB, INC.

FILED
Apr 21, 2004
Secretary of State

Current Principal Place of Business:

9511 N.W. 67TH STREET
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

9511 N.W. 67TH STREET
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 65-0525556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, SUSAN M
9511 N.W. 67TH STREET
TAMARAC, FL 33321

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: DP () Delete
Name: MCINNS, SCOTT
Address: 8350 NW 46 CT
City-St-Zip: TAMARAC, FL 33351

Title: DV () Delete
Name: PATRICK, BROWN W
Address: 6011 PLUM ISLAND WAY
City-St-Zip: TAMARAC, FL 33021

Title: DS () Delete
Name: WALKER, SUSAN M
Address: 9511 N.W. 67TH STREET
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: GINEIKA, PAMELA
Address: 7829 FAIRVIEW DR
City-St-Zip: TAMARAC, FL 33321

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUSAN M. WALKER

MS

04/21/2004

Electronic Signature of Signing Officer or Director

Date