


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90005 002 ****61.25

DOCUMENT # N94000004886 1. Entity Name TAMARAC HOCKEY CLUB, INC.					
Principal Place of Business 9511 N.W. 67TH STREET TAMARAC, FL 33321			Mailing Address 9511 N.W. 67TH STREET TAMARAC, FL 33321		
2. Principal Place of Business 7825 Fairview Dr			3. Mailing Address 7825 Fairview Dr		
Suite, Apt. #, etc. 210			Suite, Apt. #, etc. #210		
City & State Tamarac, FL			City & State Tamarac, FL		
Zip 33321		Country USA		Zip 33321	
Country USA		4. FEI Number 65-0525556			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WALKER, SUSAN M 9511 N.W. 67TH STREET TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name Pamela Gineika Street Address (P.O. Box Number is Not Acceptable) 7825 Fairview Dr #210 City Tamarac FL Zip Code 33321	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Pamela Gineika</u> <u>[Signature]</u> <u>9/7/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCINNS, SCOTT 8350 NW 46 CT TAMARAC, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Pamela Gineika 7825 Fairview Dr #210 Tamarac, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PATRICK, BROWN W 6011 PLUM ISLAND WAY TAMARAC, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Luis Gutierrez 7825 Fairview Dr #210 Tamarac, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WALKER, SUSAN M 9511 N.W. 67TH STREET TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Angela Lema 8341 Black Olive Dr Tamarac FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GINEIKA, PAMELA 7829 FAIRVIEW DR TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Donna Wofford 8240 NW 68th Ave Tamarac, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <u>Pamela Gineika</u> <u>9/7/05</u> <u>754-422-2954</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50066549



09072005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

8.75 Additional Fee Required

Name **Pamela Gineika**
Street Address (P.O. Box Number is Not Acceptable)
7825 Fairview Dr #210
City **Tamarac** **FL** Zip Code **33321**

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SIGNATURE **Pamela Gineika** **[Signature]** **9/7/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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SIGNATURE: **[Signature]** **Pamela Gineika** **9/7/05** **754-422-2954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #