

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 07 1997 8:00am
Secretary of State

DOCUMENT # N95000003150 (8)

1. Corporation Name

POLK YOUTH HOCKEY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2720 DRANEFIELD ROAD
LAKELAND FL 33811

2720 DRANEFIELD ROAD
LAKELAND FL 33811-1325

3. Date Incorporated or Qualified
06/29/1995

3a. Date of Last Report
08/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3320733

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOGEL, DANIEL C
2720 DRANEFIELD ROAD
LAKELAND FL 33811

81 Name
Michael S. Edenfield, Esquire

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

83

84 City
Brandon

FL

85 Zip Code
33511

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 Michael S. Edenfield, Esquire

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME PRYER, SCOTT
STREET ADDRESS 1710 NEWPORT AVE.
CITY-ST-ZIP LAKELAND FL 33803 ☒ DELETE

TITLE SD
NAME ELLERBE, GAYLE
STREET ADDRESS 1216 HEIDI LANE S
CITY-ST-ZIP LAKELAND FL 33813 ☒ DELETE

TITLE TD
NAME DEMICHAEL, KAREN
STREET ADDRESS 1710 CARSON DR.
CITY-ST-ZIP LAKELAND FL 33809 ☐ DELETE

TITLE PD
NAME VOGEL, DANIEL C
STREET ADDRESS 2720 DRANEFIELD RD.
CITY-ST-ZIP LAKELAND FL 33811 ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

1.1 TITLE VD
1.2 NAME Lynn Haberl
1.3 STREET ADDRESS 2233 Malichite Drive
1.4 CITY-ST-ZIP Lakeland, Florida 33815 ☒ Change ☐ Addition

2.1 TITLE SD
2.2 NAME Vicki Ricketts
2.3 STREET ADDRESS 3204 Stevenson Street
2.4 CITY-ST-ZIP Plant City, Florida 33567 ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 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:

SIGNATURE REQUIRED

8-04-97

941-646-3074

CR2E037 (9/96)