

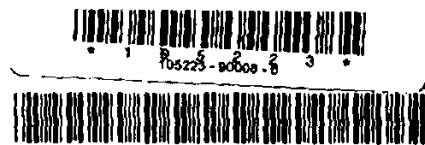
FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
02-24-1999 90008 006 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000005342			
1. Corporation Name DELTONA ROLLER HOCKEY CLUB, INCORPORATED			
Principal Place of Business 970 STRATTON ST. DELTONA FL 32725		Mailing Address 970 STRATTON ST. DELTONA FL 32725	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3351409	
City & State		City & State		Applied For ☐ Not Applicable	
Zip		Zip		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

8. Name and Address of Current Registered Agent ROSI, DWIGHT P. 970 STRATTON ST. DELTONA FL 32725				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				FL 85. Zip Code	

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	NAME	ROSI, DWIGHT P.	1.1 TITLE	VICE PRESIDENT	1.2 NAME	JOSEPH ZARDO
STREET ADDRESS	970 STRATTON ST	CITY-ST-ZIP	DELTONA FL	1.3 STREET ADDRESS	401 E. VISCAYA AVE	1.4 CITY-ST-ZIP	DELTONA, FL 32738
TITLE	VD	NAME	BURNS, RAYMOND	2.1 TITLE		2.2 NAME	
STREET ADDRESS	1800 WHIPPLE DR	CITY-ST-ZIP	DELTONA FL	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	VDS	NAME	JACKSON, JERRY	3.1 TITLE		3.2 NAME	
STREET ADDRESS	1982 BORINQUEN LN	CITY-ST-ZIP	DELTONA FL	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	S	NAME	JACKSON, PAT	4.1 TITLE		4.2 NAME	
STREET ADDRESS	1982 BORINQUEN LN	CITY-ST-ZIP	DELTONA FL	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	T	NAME	ROSI, LINDA	5.1 TITLE		5.2 NAME	
STREET ADDRESS	920 STRATTON ST.	CITY-ST-ZIP	DELTONA FL	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/7/99 (904) 789-4651

CFR037 (1198)