


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002432 (0)**

1. Corporation Name

BONITA SPRINGS IN-LINE HOCKEY ASSOCIATION, INC.

Principal Place of Business 9200 BONITA VEACH RD STE 204 BONITA SPRINGS FL 33923	Mailing Address 9200 BONITA VEACH RD STE 204 BONITA SPRINGS FL 33923
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11860 E. TERRY ST SE Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 1591 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/18/1996		3a. Date of Last Report	
22 City & State 23 BONITA SPRINGS, FL		27 City & State 28 BONITA SPRINGS, FL		4. FEI Number 65-0669125		Applied For Not Applicable	
24 Zip 34135		25 Country USA		29 Zip 34133		30 Country USA	
g. Name and Address of Current Registered Agent SPEAR, JOHN B 9200 BONITA VEACH RD STE 204 BONITA SPRINGS FL 33923				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code FL			

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD	PARTIN, FRED	27937 LANCE DR BONITA SPRINGS FL 33923				34135
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	VD	NORRIS, WESLEY	27233 JOLLY ROGER LANE BONITA SPRINGS FL 33923				34135
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	TD	OEHME, KIM	11810 BRADLEY CT BONITA SPRINGS FL 33923				34135
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	SD	VEST, KELLY	27565 PLAYA DEL REY BONITA SPRINGS FL 33923		SD	DEFRANCESCO, Becky	3655 MCCOMB LN BONITA SPRINGS, FL 34134
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	D	CORBIN, STEVE	1811 IMPERIAL PINES WAY BONITA SPRINGS FL 33923				34135
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	D	GOURLEY, DAN	11860 RED HIBISCUS DR BONITA SPRINGS FL 33923				34135

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.

CR2E037 (4/97)