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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

**11860 E TERRY ST SE
BONITA SPRINGS FL 34135
US**

**P O BOX 1591
BONITA SPRINGS FL 34133
US**



3. Date Incorporated or Qualified

04/18/1996

4. FEI Number

65-0669125

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 26740 Pine Ave.

26 P.O. Box 1591

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Bonita Springs, FL

28 Bonita Springs, FL

Zip

Country

Zip

Country

24 34135

25 USA

29 34133

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPEAR, JOHN
9200 BONITA VEACH RD STE 204
BONITA SPRINGS FL 33923**

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

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

John Spear

(NOTE: Registered Agent signature required when reinstating)

5-18-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PARTIN, FRED	
STREET ADDRESS	27937 LANCE DR	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NORRIS, WESLEY	
STREET ADDRESS	27233 JOLLY ROGER LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	OEHME, KIM	
STREET ADDRESS	11810 BRADLEY CT	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DEFRANCESCO, BECKY	
STREET ADDRESS	3855 MCCOMB LN	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORBIN, STEVE	
STREET ADDRESS	1811 IMPERIAL PINES WAY	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOURLEY, DAN	
STREET ADDRESS	11860 RED HIBISCUS DR	
CITY-ST-ZIP	BONITA SPRINGS FL	

1.1 TITLE	President TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Yurewicz	
1.3 STREET ADDRESS	27375 Elwood Dr	
1.4 CITY-ST-ZIP	Bonita Springs, FL 34135	
2.1 TITLE	Vice President TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Suzy Knapp	
2.3 STREET ADDRESS	10298 Pennsylvania Ave	
2.4 CITY-ST-ZIP	Bonita Springs, FL 34135	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tim Couch	
3.3 STREET ADDRESS	729 101st Ave N	
3.4 CITY-ST-ZIP	Naples, FL 34108	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dick Perkins	
4.3 STREET ADDRESS	26955 Croise	
4.4 CITY-ST-ZIP	Bonita Springs, FL 34135	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dan Robinson	
5.3 STREET ADDRESS	470 Gardenia	
5.4 CITY-ST-ZIP	Naples, FL 34108	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Vic Scine	
6.3 STREET ADDRESS	27101 Orange Ct	
6.4 CITY-ST-ZIP	Bonita Springs, FL 34135	

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.

SIGNATURE:

John Spear

4-28-98 941-455-1323

CR2E037 (10/97)