

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002502 (0)**  
 1. Corporation Name  
**POLK COUNTY YOUTH HOCKEY, INC.**

Principal Place of Business <b>1130 AFTON STREET LAKELAND FL 33803</b>	Mailing Address <b>1130 AFTON STREET LAKELAND FL 33803</b>
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2. Principal Place of Business 21 <b>4415 SWINDELL ROAD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>4415 SWINDELL ROAD</b> Suite, Apt. #, etc.
22 City & State 23 <b>LAKELAND, FL</b>	27 City & State 28 <b>LAKELAND, FL</b>
24 Zip <b>33810</b>	25 Country <b>US</b>
29 Zip <b>33810</b>	30 Country <b>US</b>

3. Date Incorporated or Qualified <b>05/06/1996</b>	
4. FEI Number <b>59-3377292</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**NICHOLSON, VERA**  
**1130 AFTON STREET**  
**LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name <b>NICHOLSON, VERA</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>4415 SWINDELL ROAD</b>		
83		
84 City <b>LAKELAND</b>	85 State <b>FL</b>	86 Zip Code <b>33810</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NICHOLSON, VERA</b>		1.2 NAME <b>NICHOLSON, VERA</b>	
STREET ADDRESS <b>1130 AFTON STREET</b>		1.3 STREET ADDRESS <b>4415 SWINDELL ROAD</b>	
CITY-ST-ZIP <b>LAKELAND FL 33803</b>		1.4 CITY-ST-ZIP <b>LAKELAND FL 33810</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DUGGAR, RICHARD</b>		2.2 NAME <b>THOMPSON, DARLENE</b>	
STREET ADDRESS <b>104 BUCHANAN DR.</b>		2.3 STREET ADDRESS <b>5746 DEERFLAG DR.</b>	
CITY-ST-ZIP <b>WINTER HAVEN FL 33884</b>		2.4 CITY-ST-ZIP <b>LAKELAND FL 33811</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BILLINGSLEY, STEVE</b>		3.2 NAME <b>ELIZABETH BALDWIN</b>	
STREET ADDRESS <b>3104 CYPRESS WOOD BLVD.</b>		3.3 STREET ADDRESS <b>1218 LAKE LOOP</b>	
CITY-ST-ZIP <b>WINTER HAVEN FL 33884</b>		3.4 CITY-ST-ZIP <b>WINTER HAVEN FL 33880</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BAZO, GUERRA</b>		4.2 NAME	
STREET ADDRESS <b>1826 3RD STREET, S.E.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>WINTER HAVEN FL 33880</b>		4.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BAZO, EDDY</b>		5.2 NAME	
STREET ADDRESS <b>1826 3RD ST SE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>WINTER HAVEN FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GRANT, JEFF</b>		6.2 NAME <b>SHEFFIELD, EDWIN</b>	
STREET ADDRESS <b>1216 LAKE LOOP</b>		6.3 STREET ADDRESS <b>2009 10TH ST NW</b>	
CITY-ST-ZIP <b>WINTER HAVEN FL</b>		6.4 CITY-ST-ZIP <b>WINTER HAVEN FL 33881</b>	

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: *[Signature]* (EDWIN C. SHEFFIELD) 4-25-98 741-293-0259

CR2E037 (1097)