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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

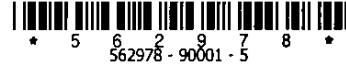


FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002502

1. Corporation Name

POLK COUNTY YOUTH HOCKEY, INC.



Principal Place of Business

4415 SWINDELL ROAD  
LAKELAND FL 33810  
US

Mailing Address

4415 SWINDELL ROAD  
LAKELAND FL 33810  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/06/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3377292 --

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

25

29 Zip Country

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLSON, VERA  
4415 SWINDELL ROAD  
LAKELAND FL 33810

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 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 P  DELETE

NAME NICHOLSON, VERA  
STREET ADDRESS 4415 SWINDELL ROAD  
CITY-ST-ZIP LAKELAND FL 33810

1.1 TITLE  Change  Addition

TITLE VP  DELETE

NAME THOMPSON, DARLENE  
STREET ADDRESS 5746 DEERFLAG DRIVE  
CITY-ST-ZIP LAKELAND FL 33811

2.1 TITLE  Change  Addition

TITLE S  DELETE

NAME BALDWIN, ELIZABETH  
STREET ADDRESS 1218 LAKE LOOP  
CITY-ST-ZIP WINTER HAVEN FL 33880

3.1 TITLE  Change  Addition

TITLE D  DELETE

NAME BAZO, GUERRA  
STREET ADDRESS 1826 3RD STREET, S.E.  
CITY-ST-ZIP WINTER HAVEN FL 33880

4.1 TITLE  Change  Addition

TITLE D  DELETE

NAME BAZO, EDDY  
STREET ADDRESS 1826 3RD ST SE  
CITY-ST-ZIP WINTER HAVEN FL

5.1 TITLE  Change  Addition

TITLE D  DELETE

NAME SHEFFIELD, EDWIN  
STREET ADDRESS 2009 10TH ST NW  
CITY-ST-ZIP WINTER HAVEN FL 33881

6.1 TITLE  Change  Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Vera Nicholson* REQUIRED

5-18-99

Date

941 686-0847

Daytime Phone #

CR2E037 (1/98)