

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 25 1998 8:00am  
Secretary of State

DOCUMENT # N96000003889 (0)

1. Corporation Name

NORTH FLORIDA HOCKEY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3605 PHILLIPS HIGHWAY (MARKET SQUARE MALL)  
JACKSONVILLE FL 32207

P.O. BOX 5128  
JACKSONVILLE FL 32247-5128  
US

3. Date Incorporated or Qualified

07/23/1996

4. FEI Number

59-3389566

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

MOULIN, MARK  
13109 HACKBERRY WAY  
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name

Turner, Dolores

82 Street Address (P.O. Box Number is Not Acceptable)

10861 Steeding Horse Drive

83

84 City

Jacksonville

FL

85 Zip Code

32257

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 *Dolores Turner, President*

7-14-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE PD ☒ DELETE

NAME MOULIN, MARK  
STREET ADDRESS 13109 HACKBERRY WAY  
CITY-ST-ZIP JACKSONVILLE FL 32246

13. TITLE DVP ☒ DELETE

NAME SMITH, MIKE  
STREET ADDRESS 278 AQUE CIRCLE WEST  
CITY-ST-ZIP JACKSONVILLE FL 32218

14. TITLE T ☒ DELETE

NAME BUCKLEY, PATTY  
STREET ADDRESS 108 SOUTHBRIGE WAY  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

15. TITLE S ☒ DELETE

NAME DORTON, DONNA  
STREET ADDRESS 13109 HACKBERRY WAY  
CITY-ST-ZIP JACKSONVILLE FL

16. TITLE D2VP ☒ DELETE

NAME KOLLET, DEAN  
STREET ADDRESS EAGLE HARBOR  
CITY-ST-ZIP ORANGE PARK FL

17. TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Turner, Dolores  
1.3 STREET ADDRESS 10861 Steeding Horse Drive  
1.4 CITY-ST-ZIP Jacksonville, FL 32257

2.1 TITLE VPD ☒ Change ☐ Addition

2.2 NAME deAbreu, Dawn  
2.3 STREET ADDRESS 7543 Patrice Ct.  
2.4 CITY-ST-ZIP Jacksonville, FL 32210

3.1 TITLE VPD ☒ Change ☐ Addition

3.2 NAME Brown, Cynthia Y.  
3.3 STREET ADDRESS 2386 Lourdes Drive, W.  
3.4 CITY-ST-ZIP Jacksonville, FL 32210

4.1 TITLE S ☒ Change ☐ Addition

4.2 NAME Wilcox, Angela  
4.3 STREET ADDRESS 1629 Charon Rd.  
4.4 CITY-ST-ZIP Jacksonville, FL 32205

5.1 TITLE T ☒ Change ☐ Addition

5.2 NAME Maniatakis, Rita  
5.3 STREET ADDRESS 12371 Clear Lagoon Trail  
5.4 CITY-ST-ZIP Jacksonville, FL 32246

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 3000002624823  
6.3 STREET ADDRESS -08/26/98--01004--007  
6.4 CITY-ST-ZIP \*\*\*\$1.25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-98 (904) 880-8787

CR2E037 (5/98)