

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003889

FILED
Mar 09, 2009
Secretary of State

Entity Name: NORTH FLORIDA HOCKEY ASSOCIATION, INC.

Current Principal Place of Business:

3605 PHILLIPS HIGHWAY
MARKET SQUARE MALL
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

265 LINKSIDE CIRCLE
PONTE VEDER BEACH, FL 32082 US

New Mailing Address:

FEI Number: 59-3389566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELVECCHIO, JOHN
265 LINKSIDE CIRCLE
JACKSONVILLE, FL 32082 US

Name and Address of New Registered Agent:

DELVECCHIO, JOHN
265 LINKSIDE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELVECCHIO, JOHN
Address: 265 LINKSIDE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32032 US

Title: VP () Delete
Name: GATTO, KATHIE
Address: 13447 AQUILINE ROAD
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: ST () Delete
Name: KOSTICK, SHERI
Address: 3892 BIGGIN CHURCH RD. W.
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: D () Delete
Name: LARSON, RICK
Address: 31617 ARBOR DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ELLINGSWORTH, LORI
Address: 9480 PRINCETON SQ. S. #2502
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S (X) Change () Addition
Name: EVERETT, TARA
Address: 1148 MILL CREEK DRIVE
City-St-Zip: ST JOHNS, FL 32259 US

Title: TT (X) Change () Addition
Name: DAVIDSON, LAURIE
Address: 31617 ARBOR DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: TD () Change (X) Addition
Name: JOHN, MORLEY
Address: 337 SUMMERSET DR
City-St-Zip: ST JOHNS, FL 32259 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DELVECCHIO

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date