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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortin

Secretary of State ""
DIVISION OF CORPORATIONS

1998

SIGNATURE.

DIVISION OF CORPORATI

FILED Mar 09 1998 8:00am Secretary of State

1. Corporation	n Name # 149/00	(I) el 18000		
FLORIDA GOLD COAST YOUTH HOCKEY LEAGUE, INC.				
LOIND	A GOLD CONCLICTION	TOONET LENGUL: 1110.		A ATRINIAN DID HANK HOLEN BRINK DOLLY ROLLY BOLLY BOLLY BOLLY BIRLY HILD HOLD HOLD HOLD
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Principal Place	e of Business	Mailing Address		f gegrifte and tank idder datel ables mains dann dated tinds stad saw rhat
2637 E. ATLANTIC BLVD.		2637 E. ATLANTIC BLVD.		3. Date Incorporated or Qualified
#204		#204		05/30/1997
POMPANO BEACH FL 33062		POMPANO BEACH FL 33062	<i>!</i>	4. FEI Number Applied For
***		1 A:		65-0760/62 Not Applicable
2. Principal Pl	lace of Business	2a. Mailing Address		5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 6.
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 City & State	-	City & State		Trust Fund Contribution Added to Fees
City & State		City & State		7. is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	This corporation owes or has paid the current year intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
MCKAGUE, DOUGLAS			82 Street Add	dress (P.O. Box Number is Not Acceptable)
2637 E. ATLANTIC BLVD.			83	
#204 POMPAN	A BEACH EL ANGON			
POMPANI	O BEACH FL 33062		84 City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.05	02 and 617.1508, Florida Statute	es, the above-named cor	
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the oblin	e of Florida. Such change was a gations of, Section 617.0503, Flo	uthorized by the corpora orlda Statutes.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE				
	Signature, typed or printed name of registered ag	gent and title if applicable (NOTE ND DIRECTORS	Registered Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS AF	DELETE	1.1 TITLE	Change Addition
NAME	MCKAGUE, DOUGLAS		1.2 NAME	
STREET ADDRESS	2637 E. ATLANTIC BLVD.		1.3 STREET ADORESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCKAGUE, TERRY		2.2 NAME	
STREET ADDRESS	2637 E. ATLANTIC BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME	OLIVER, TIM		3.2 NAME	
STREET ADDRESS	2637 E. ATLANTIC BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE		ריו מנרבוב	5.1 TITLE 5.2 NAME	Change Addition
NAME Street address			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 City-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAMÉ			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby o	ertify that the information supplied v on this annual report or supplement	with trik filing does not qualify for taliannual report is true and acci	r the exemption stated in urate and that my signati	n Section 119.07(3)(i), Florida Statutes. I further certify that the information ure shall have the same legal effect as if made under oath; that I am an quired by Chapter 617, Florida Statutes; and that my name appears in
officer or o Block 12 o	director of the corporation or the rec or Block 13 if changed, or on an atta	celver of trustee empowered to e achinely with an address.	ecute this report as req	quired by Chapter 617, Florida Statutes; and that my name appears in