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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000003119

1. Corporation Name

FLORIDA GOLD COAST YOUTH HOCKEY LEAGUE, INC.

Principal Place of Business

2637 E. ATLANTIC BLVD.

#204

POMPANO BEACH FL 33062

Mailing Address

2637 E. ATLANTIC BLVD.

#204

POMPANO BEACH FL 33062



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0760162	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	30	

9. Name and Address of Current Registered Agent

**MCKAGUE, DOUGLAS
2637 E. ATLANTIC BLVD.
#204
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAGUE, DOUGLAS	1.2 NAME	
STREET ADDRESS	2637 E. ATLANTIC BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAGUE, TERRY	2.2 NAME	
STREET ADDRESS	2637 E. ATLANTIC BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

954786-1031
Daytime Phone #

CR2E037 (1/98)