

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003130 (8)**

1. Corporation Name

SUNCOAST ROLLER HOCKEY BOOSTER CLUB, INC.



Principal Place of Business 10451 COUNTY LINE ROAD SPRING HILL FL 34609	Mailing Address 10451 COUNTY LINE ROAD SPRING HILL FL 34609
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/30/1997
4. FEI Number 59-3446046
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent JONES, JAMES R JR 7444 MARINER BLVD. SPRING HILL FL 34609	10. Name and Address of New Registered Agent 81 Name Michael D. Rego 82 Street Address (P.O. Box Number is Not Acceptable) 5388 Spring Hill Ave. 83 84 City Spring Hill FL 85 Zip Code 34606
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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 Michael D. Rego - Michael D. Rego DATE 5/11/98
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CLANCY, THOMAS E	1.2 NAME	
STREET ADDRESS	7226 ALOE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34607	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D POLACEK, BARRY C	2.2 NAME	
STREET ADDRESS	10108 CHERRY HILL PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MULCAHY, KEITH	3.2 NAME	
STREET ADDRESS	3059 CLOUDCROFT AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GLANNETTA, WILLIAM	4.2 NAME	
STREET ADDRESS	7424 SAN CARLOS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CHICKERING, ROBERT	5.2 NAME	
STREET ADDRESS	13427 CHIPPENDALE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MILLER, RICHARD C	6.2 NAME	
STREET ADDRESS	7424 SAN CARLOS DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	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.

SIGNATURE [Signature] DATE 5/11/98 **872 X-688-3072**

CR2E037 (1097)