

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90002 040 ****61.25

DOCUMENT # N97000003191

1. Corporation Name

JACKSONVILLE STORM YOUTH HOCKEY ASSOCIATION, INC

Principal Place of Business
1627 ALACHUA ST.
FERNANDINA BEACH FL 32034

Mailing Address
1627 ALACHUA ST.
FERNANDINA BEACH FL 32034

341764 - 90002 - 40



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/30/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3450973	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

HACKNEY, ELIZABETH M
1627 ALACHUA ST.
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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	OPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, WAYNE	1.2 NAME	
STREET ADDRESS	137 BIRCHWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	
TITLE	DTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACKNEY, BETH	2.2 NAME	
STREET ADDRESS	1627 ALACHUA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA. BCH FL 32034	2.4 CITY-ST-ZIP	
TITLE	DSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLDT, JOSEPHINE	3.2 NAME	
STREET ADDRESS	121 ALSACE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	3.4 CITY-ST-ZIP	
TITLE	DVPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDETT, MIKE	4.2 NAME	
STREET ADDRESS	1217 CREEKWOOD WAY S	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEWS, JOHN	5.2 NAME	
STREET ADDRESS	8041 WHISPER LAKE LN W	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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:

Elizabeth M. Hackney Elizabeth M. Hackney 4/12/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-277-5248

CR2E037 (11/98)