

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003191

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** JACKSONVILLE STORM YOUTH HOCKEY ASSOCIATION, INC.

**Current Principal Place of Business:**

12293 ARBOR DRIVE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

12293 ARBOR DRIVE  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 59-3450973

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORLEY, JOHN W  
337 SUMMERSET DRIVE  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MORLEY, JOHN W  
Address: 337 SUMMERSET DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPD ( ) Delete  
Name: LARSON, RICK  
Address: 12293 ARBOR DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: BRD (X) Delete  
Name: MACCURREACH, ALLAN  
Address: 4970 MAYBANK WAY  
City-St-Zip: JACKSONVILLE, FL 32225

Title: BRD ( ) Delete  
Name: DENTEL, ROBERT F  
Address: 1312 HOLMES LANDING DR  
City-St-Zip: ORANGE PARK, FL 32003

Title: TRS ( ) Delete  
Name: DAVIDSON, LAURIE K  
Address: 12293 ARBOR DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: LAURIE K DAVIDSON

TRS

01/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date