2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N97000003623

Entity Name: FLORIDA AMATEUR HOCKEY LEAGUE, INC.

Current Principal Place of Business:

2400 SW 145TH AVENUE
SUITE 300
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

2400 SW 145TH AVENUE
SUITE 300
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 65-0762273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, JEFFREY S
%MAY, MEACHAM & DAVELL, P.A.
ONE FINANCIAL PL., STE 300
MIRAMAR, FL 33027 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: TD ( ) Delete
Name: BURG, BELINDA
Address: 2682 RIVERA CT
City-St-Zip: WESTON, FL 33326

Title: PD ( ) Delete
Name: BURG, BOBBY
Address: 2682 RIVIERA CT
City-St-Zip: WESTON, FL 33326

Title: VD ( ) Delete
Name: WOODS, JEFFREY S
Address: 2324 NE 20TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: SD ( ) Delete
Name: TIMPONE, JOE
Address: 10355 HAMMOCKS BLVD
City-St-Zip: MIAMI, FL

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:

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: BELINDA BURG TD 04/15/2009
Electronic Signature of Signing Officer or Director — Date