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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000004770

1. Corporation Name

**FLORIDA GULF COAST AMATEUR HOCKEY ASSOCIATION, I
NC.**

Principal Place of Business

13891 JETPORT LOOP, STE. 19
FT. MYERS FL 33913-7718

Mailing Address

13891 JETPORT LOOP, STE. 19
FT. MYERS FL 33913-7718

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/21/1997

4. FEI Number

65-0780104

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**ESOLDI, GINA
13891 JETPORT LOOP, STE. 19
FT. MYERS FL 33913-7718**

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

TITLE DP
NAME OLSEN, PETER
STREET ADDRESS 824 LAFAYETTE ST.
CITY-ST-ZIP CAPE CORAL FL 33904

☒ DELETE

TITLE DV
NAME BARRACO, CARL A
STREET ADDRESS 2158 JOHNSON ST.
CITY-ST-ZIP FT. MYERS FL 33901

☒ DELETE

TITLE DST
NAME ESOLDI, GINA
STREET ADDRESS 13891 JETPORT LOOP, STE. 19
CITY-ST-ZIP FT. MYERS FL 33913-7718

☐ DELETE

TITLE D
NAME KOVAZ, BLAISE
STREET ADDRESS 24 TIMBERLAND CIR N
CITY-ST-ZIP FT MEYERS FL 33919

☐ DELETE

TITLE D
NAME PATRONE, ANDRE J
STREET ADDRESS 12685 NEW BRITTANY BLVD.
CITY-ST-ZIP FT. MYERS FL 33907

☐ DELETE

TITLE D
NAME WING, GLENN
STREET ADDRESS 3402 W. RIVERSIDE DR.
CITY-ST-ZIP FT. MYERS FL 33901

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/S
1.2 NAME Vicki Hayes
1.3 STREET ADDRESS 7050 Sandalwood Lane
1.4 CITY-ST-ZIP Naples, FL 34109

☐ Change ☒ Addition

2.1 TITLE D/S
2.2 NAME Gregory Steel
2.3 STREET ADDRESS 2800 Meadow Ct., Unit 101
2.4 CITY-ST-ZIP Naples, FL 34109

☐ Change ☒ Addition

3.1 TITLE D/T
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE D/P
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE D
6.2 NAME Debbie Eng Danneman
6.3 STREET ADDRESS 22418 Fountain Lakes
6.4 CITY-ST-ZIP Estero, FL 33928

☐ Change ☒ Addition

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

1/27/99

Daytime Phone #

CR2E037 (1/98)