

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 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 # N97000006570 (2)
1. Corporation Name

LAKELAND ROLLER HOCKEY LEAGUE, INCORPORATED



Principal Place of Business 449 PENINSULAR DRIVE LAKELAND FL 33813	Mailing Address 449 PENINSULAR DRIVE LAKELAND FL 33813
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3. Date Incorporated or Qualified
11/20/1997

4. FEI Number 59-3479412	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 5631 Emerald Ridge Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1071 Suite, Apt. #, etc.
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 23 Lakeland FL	27 City & State 28 Lakeland FL
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip 33813	25 Country USA	29 Zip 33802	30 Country USA
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7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**PARKS, JOHN PAUL
C/O WENDEL, CHRITTON & PARKS, CHARTERED
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		1.2 NAME	P/A Joe Campbell
STREET ADDRESS		1.3 STREET ADDRESS	5631 Emerald Ridge Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Lakeland FL 33813
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	VP/A Jim Travis
STREET ADDRESS		2.3 STREET ADDRESS	4628 Luce Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lakeland FL 33813
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	S/D Bob Paulie
STREET ADDRESS		3.3 STREET ADDRESS	1635 Bowman's Trail
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lakeland FL 33809-5007
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	T/A Kathy Huckabee
STREET ADDRESS		4.3 STREET ADDRESS	2642 Highlands Voe Parkway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lakeland FL 33813
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Joseph F. Campbell** 1/21/98 941-682-2828

CR2E037 (10/97)