

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000144

FILED
May 12, 2004
Secretary of State**Entity Name:** WESTERN AREA ROLLER HOCKEY LEAGUE, INC.**Current Principal Place of Business:**16900 SW 5TH STREET
FT LAUDERDALE, FL 33326**New Principal Place of Business:****Current Mailing Address:**16900 SW 5TH STREET
FT LAUDERDALE, FL 33326**New Mailing Address:****FEI Number:** 65-0817368**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANDRESEN, SCOTT R
16900 SW 5TH STREET
FT LAUDERDALE, FL 33326**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: ANDRESEN, SCOTT R
Address: 16900 SW 5TH STREET
City-St-Zip: FT LAUDERDALE, FL 33326**Title:** VD () Delete
Name: SCHMIDT, RON
Address: 585 STONEMONT DRIVE
City-St-Zip: WESTON, FL 33326**Title:** SD () Delete
Name: PUTTEET, JERRY
Address: 13177 NW 11 PL
City-St-Zip: SUNRISE, FL 33323**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT R. ANDRESEN

PD

05/12/2004

Electronic Signature of Signing Officer or Director

Date