

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000830

FILED  
Aug 29, 2008  
Secretary of State

**Entity Name:** NORTHWEST FLORIDA HOCKEY LEAGUE, INC.

**Current Principal Place of Business:**

2115 OXFORD DRIVE  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2058  
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number:** 59-3464755      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MIZELL, STACY  
2115 OXFORD DRIVE  
PENSACOLA, FL 32503      US

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: GROH, PAUL  
Address: 6443 HERONWALK DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

Title: VD      ( ) Delete  
Name: BLACK, ROBERT  
Address: 7342 FRANKFORT STREET  
City-St-Zip: NAVARRE, FL 32566

Title: SD      ( ) Delete  
Name: MIZELL, STACY  
Address: 2115 OXFORD DRIVE  
City-St-Zip: PENSACOLA, FL 32503

Title: TD      ( ) Delete  
Name: REAVES, JULIE  
Address: 5141 REGALO DRIVE  
City-St-Zip: PENSACOLA, FL 32526

Title: D      ( ) Delete  
Name: KITCH, MICHELLE  
Address: 82 LIVE OAK AVE EAST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D      ( ) Delete  
Name: KELLEY, SAM  
Address: 4916 MASON CALLE ROAD  
City-St-Zip: GULF BREEZE, FL 32563

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

Title: PD      (X) Change ( ) Addition  
Name: MIZELL, MICHAEL  
Address: 2115 OXFORD DRIVE  
City-St-Zip: PENSACOLA, FL 32503

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

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

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

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

Title: RG      (X) Change ( ) Addition  
Name: GREEN, AMY  
Address: 5769 LORING DRIVE  
City-St-Zip: MILTON, FL 32583

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: STACY MIZELL

TREA

08/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date