## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002818

FILED Apr 18, 2007 Secretary of State

Entity Name: JUNIOR EVERBLADES HOCKEY ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 11000 EVERBLADES PARKWAY ESTERO, FL 33928 **Current Mailing Address: New Mailing Address:** 850 PARK SHORE DRIVE NAPLES, FL 341032703 FEI Number: 65-0855458 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: R & A AGENTS INC PAULK HAUFRMAN 850 PARK SHORE DRIVE, SUITE 300 NAPLES, FL 341033587 ÚS 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MILLER, KENNETH R MILLER, KENNETH E Name: Name: 102 NE 20TH AVE. Address: 102 NE 20TH AVE. Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: CAPE CORAL, FL 33909 Title: DV ( ) Delete Title: () Change () Addition CASEY, ROBERT Name: Name: Address: 5327 SW 22ND PLACE Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: () Delete Title: () Change () Addition CROWEL, DAWN Name: Name: 12825 KENLESTON CIRCLE Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: DT ( ) Delete Title: () Change () Addition Name: HOWARD, MIKE Name: Address: 21193 BRAXFIELD LOOP Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: Title: () Delete Title: () Change () Addition MARSALA, MARK Name: Name: 21306 BRAXFIELD LOOP Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: Title: () Delete Title: () Change () Addition MCCAIN, MICHAEL Name: Name: Address: 78 SOUTHPORT COVE Address: BONITA SPRINGS, FL 34134 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KENNETH E. MILLER PD 04/18/2007