

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90015 026 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000007173

1. Corporation Name

**THE DEERFIELD BEACH ROLLER HOCKEY ASSOCIATION, I
NC.**

Principal Place of Business

2650 NE 52 STREET
LIGHTHOUSE POINT FL 33064-7052

Mailing Address

2650 NE 52 STREET
LIGHTHOUSE POINT FL 33064-7052



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 770 N.W. 41ST Way

26 770 N.W. 41ST Way

12/17/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0890140

Not Applicable

City & State

City & State

23 Deerfield Beach FL

28 Deerfield Beach FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

Zip Country

24 33442

25

29 33442

30

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, STEPHEN G
2650 NE 52 STREET
LIGHTHOUSE POINT FL 33064-7052

81 Name

Connelly, Robert

82 Street Address (P.O. Box Number is Not Acceptable)

770 N.W. 41ST Way

83

84

City Deerfield Beach

FL

85 Zip Code

33442

11. Pursuant to the provisions of Sections 617.0902 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

Robert Connelly

DATE

Signature, typed or printed name of registered agent and date if applicable.

NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE

D.P.

☐ Change

☒ Addition

NAME MILLER, MIKE

STREET ADDRESS 368 NW 43 WAY

CITY-ST-ZIP DEERFIELD BEACH FL 33442

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Langlois, Games
5070 N.W. 56 ST.
Coconut Creek FL 33073

TITLE ☐ DELETE

2.1 TITLE

✓

☒ Change

☐ Addition

NAME HILLMAN, KATHI

STREET ADDRESS 368 NW 43 WAY

CITY-ST-ZIP DEERFIELD BEACH FL 33442

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

742 N.W. 41ST Terrace
Deerfield Beach FL 33442

TITLE ☒ DELETE

3.1 TITLE

SD

☐ Change

☒ Addition

NAME KOPP, NANCY

STREET ADDRESS 368 NW 43 WAY

CITY-ST-ZIP DEERFIELD BEACH FL 33442

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DAVISON, Terie
762 N.W. 42ND Way
Deerfield Beach FL 33442

TITLE ☒ DELETE

4.1 TITLE

TD

☐ Change

☒ Addition

NAME DIXON, MATT

STREET ADDRESS 368 NW 43 WAY

CITY-ST-ZIP DEERFIELD BEACH FL 33442

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Connelly Robert
770 N.W. 41ST Way
Deerfield Beach FL 33442

TITLE ☐ DELETE

5.1 TITLE

✓

☒ Change

☐ Addition

NAME MARR, FRANK

STREET ADDRESS 368 NW 43 WAY

CITY-ST-ZIP DEERFIELD BEACH FL 33442

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

738 NW 42ND Way
Deerfield Beach FL 33442

TITLE ☐ DELETE

6.1 TITLE

D

☐ Change

☒ Addition

NAME LEONE, Blaise

STREET ADDRESS P.O. Box 4455

CITY-ST-ZIP DEERFIELD BEACH FL 33442

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Deerfield Beach FL 33442

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: *Robert Connelly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Connelly

7/16/99

954-426-9172

Date

Daytime Phone #

CR2E037 (5/99)