

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000001312

FILED
Nov 21, 2008
Secretary of State

Entity Name: FLORIDA OLDTIMERS' HOCKEY ASSOCIATION, INC.

Current Principal Place of Business:

5997 SANDY LANE
WESLEY CHAPEL, FL 335445122

New Principal Place of Business:

Current Mailing Address:

5997 SANDY LANE
WESLEY CHAPEL, FL 335445122

New Mailing Address:

P.O. BOX 7218
WESLEY CHAPEL, FL 335450103 US

FEI Number: 59-3573325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACE, CHARLENE E
5997 SANDY LANE
WESLEY CHAPEL, FL 335445122 US

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: CHARLENE E. BRACE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DANN, NORMAN E
Address: 5997 SANDY LANE
City-St-Zip: WESLEY CHAPEL, FL 335445122

Title: D () Delete
Name: BRACE, CHARLENE E
Address: 5997 SANDY LANE
City-St-Zip: WESLEY CHAPEL, FL 335445122

Title: D () Delete
Name: ARMSTRONG, NEIL
Address: 6426 RENWICK CIRCLE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change () Addition
Name: BRACE, CHARLENE E
Address: 5997 SANDY LANE
City-St-Zip: WESLEY CHAPEL, FL 335445122

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

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: CHARLENE E. BRACE

Electronic Signature of Signing Officer or Director

PRES

11/21/2008

Date