

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000006575

Entity Name: PAN AMERICAN HOCKEY FEDERATION, INC.**Current Principal Place of Business:**2605 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134**Current Mailing Address:**2605 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US**FEI Number:** 47-4480744**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONATHAN M. DRUCKER, P.A.
2605 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 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:** JONATHAN M. DRUCKER

03/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BUDEISKY, ALBERTO
Address 2605 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name DOGGETT, ANN
Address 2605 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name CRAIG-ROUSSEAU, MAUREEN
Address 2605 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name PICCONE, GIANNI DELUCCHI
Address 2605 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title T
Name CICINELLI, MARY
Address 2605 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name GILLESPIE, BREE
Address 2605 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name KRAMER, WALTER
Address 2605 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name FIEDTKOU, TRICA
Address 2605 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: MARY CICINELLI**TREASURER**

03/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STEWART, FABIAN
Address 2605 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title ATHLETES REPRESENTATIVE
Name PEARSON, MARK
Address 2605 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name CORTES, ADEMIR MONTENEGRO
Address 2605 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134