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FILED

May 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 752087****(7)**

1. Corporation Name

DUNEDIN BOXING CLUB, INC.

Principal Place of Business

Mailing Address

**1241 SAN CHRISTOPHER DR
DUNEDIN FL 34698
US****1241 SAN CHRISTOPHER DR
DUNEDIN FL 34698-5329
US**3. Date Incorporated or Qualified
04/18/19803a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1996851Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐ **\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VIVONE, ORLANDO M.
475 EAST SHORE DR #7
CLEARWATER BEACH FL 34630**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DV HARRINGTON, JAMES**
STREET ADDRESS **1852 PIPERS MEADOW DR**
CITY-ST-ZIP **PALM HARBOR FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **DS MORIN, PATRICIA A**
STREET ADDRESS **7327 B MAHAFFEY DR**
CITY-ST-ZIP **NEW PORT RICHEY FL**2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **654 POINSETTIA AVE #2**
2.4 CITY-ST-ZIP **CLEARWATER BEACH, FL 34630**TITLE ☐ DELETE
NAME **DP VIVONE LONDO**
STREET ADDRESS **475 EAST SHORE DR #7**
CITY-ST-ZIP **CLEARWATER BEACH FL**3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **VIVONE, ORLANDO M.**
3.4 CITY-ST-ZIP **(Should be corrected in box 9 also)**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Orlando M. Vivone REQUIRED April 15, 1997 (813) 449-1631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088360

CR2E037 (9/96)