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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 752087

1. Corporation Name

DUNEDIN BOXING CLUB, INC.

101735 · 90055 · 43

Principal Place of Business	Mailing Address
1241 SAN CHRISTOPHER DR DUNEDIN FL 34698 US	1241 SAN CHRISTOPHER DR DUNEDIN FL 34698 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	04/18/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1996851 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. *Name and Address of Current Registered Agent*	10. Name and Address of New Registered Agent
VIVONE, ORLONDO 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 33767

7. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JACOBSON, DAVID		1.2 NAME	
STREET ADDRESS	1735 JEFFERSON		1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MORIN, PATRICIA A		2.2 NAME	
STREET ADDRESS	654 POINSETTIA AVE #2		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH FL		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VIVONE, ORLONDO M		3.2 NAME	
STREET ADDRESS	475 EAST SHORE DR #7		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH FL		3.4 CITY-ST-ZIP	
TITLE	DM	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCKINNEY, RODGER		4.2 NAME	
STREET ADDRESS	1826 SUNSET POINT RD, #J		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: Orlando V. Required Jan 13, 1999 727-449-1631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #