2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# 752087

Entity Name: DUNEDIN BOXING CLUB, INC.

Current Principal Place of Business:

1241 SAN CHRISTOPHER DR
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

1241 SAN CHRISTOPHER DR
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number: 59-1996851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIVONE, ORLONDO M
475 EAST SHORE DR #7
CLEARWATER BEACH, FL 33767 US

Name and Address of New Registered Agent:

VIVONE, ORLONDO M
P O BOX 3244
CLEARWATER BEACH, FL 33767 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: _____ 01/13/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: SISCO, JAMES
Address: 1703 POLO CLUB WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DS ( ) Delete
Name: MORIN, PATRICIA A
Address: 654 POINSETTIA AVE #2
City-St-Zip: CLEARWATER BEACH, FL

Title: DP ( ) Delete
Name: VIVONE, ORLONDO M
Address: 475 EAST SHORE DR #7
City-St-Zip: CLEARWATER BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change ( ) Addition
Name: MORIN, PATRICIA A
Address: 822 1ST STREET, APT 1
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 FL

Title: DP (X) Change ( ) Addition
Name: VIVONE, ORLONDO M
Address: P O BOX 3244
City-St-Zip: CLEARWATER BEACH, FL 33767

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ORLONDO M VIVONE DP 01/13/2004
Electronic Signature of Signing Officer or Director — Date