

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 11, 2010
Secretary of State

Entity Name: SHADOWBOX ACADEMY, INCORPORATED

Current Principal Place of Business:

6065 SOUTH GULF MANOR
PENSACOLA, FL 325261568

New Principal Place of Business:

6065 SOUTH GULF MANOR
PENSACOLA, FL 325261568 US

Current Mailing Address:

6065 SOUTH GULF MANOR
PENSACOLA, FL 325261568

New Mailing Address:

6065 SOUTH GULF MANOR
PENSACOLA, FL 325261568 US

FEI Number: 36-4494036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, ABEL (RAY)
6065 SOUTH GULF MANOR
PENSACOLA, FL 325261568 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PT
Name: RAMOS, ABEL (RAY)
Address: 6065 SOUTH GULF MANOR
City-St-Zip: PENSACOLA, FL 325261568 US

Title: VD
Name: DAVIS, KENNETH L
Address: 524 WEST RAMONA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: TD
Name: JERRY, HUNTER JR
Address: 1700 FIREMAN DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: S
Name: PARKER-SMILEY, DEBORAH
Address: 700 EAST GADSDEN STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D
Name: STINSON, MELVIN
Address: 3535 FLINTWOOD CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: D
Name: EDLER, CALVIN
Address: 1344 RUCE STREET
City-St-Zip: PENSACOLA, FL 32526

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: /S/ ABEL RAMOS

PT

01/11/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date