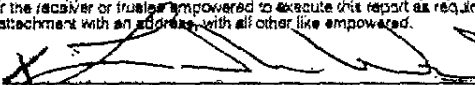


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003097		
1. Entity Name COMMUNITY BOXING CLUB, INC.		
Principal Place of Business 801 E. PALM AVE TAMPA, FL 33602		Mailing Address PO BOX 291816 C/O DAVID E. PRINCE TAMPA, FL 33687
DO NOT WRITE IN THIS SPACE		
		04282004 No Chg-NP CR2E037 (10/03)
4. FEI Number 59-3194710		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PRINCE, DAVID E 4519 ASHMORE DR. TAMPA, FL 33610		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renewing.) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
		000000151546 05/04/04-80052-002 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLIS, TOMMIE 8804 N. OAKVIEW TERRACE TAMPA, FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILCOX, LINDA 801 E. PALM AVE. TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCE, DAVID E 4519 ASHMORE DR. TAMPA, FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 317, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		