FILED
May 03, 2004 08:00 AM
Secretary of State

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003097

1. Entity Name
COMMUNITY BOXING CLUB, INC.

Principal Place of Business	Mailing Address
801 E. PALM AVE TAMPA, FL 33602	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

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000151546
05/04/04-80052-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ELLIS, TOMMIE
STREET ADDRESS	8604 N. OAKVIEW TERRACE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	DT
NAME	WILCOX, LINDA
STREET ADDRESS	801 E. PALM AVE.
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	PRINCE, DAVID E
STREET ADDRESS	4519 ASHMORE DR.
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 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 617, 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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #