2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N04247

1. Entity Name
THE NATIONAL BOXING ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
7501 BROOK HAVEN COURT TAMPA, FL 33634	P.O. BOX 262636 TAMPA, FL 33685

02142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2426038 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLANSBURG, WALTER
7501 BROOK HAVEN COURT
TAMPA, FL 33634

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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 reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLANSBURG, WALTER
STREET ADDRESS	7501 BROOK HAVEN COURT
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	S
NAME	FLANSBURG, KATHY A
STREET ADDRESS	7501 BROOKHAVEN COURT
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D2VP
NAME	SHER, PAYTON
STREET ADDRESS	2001 W 123RD TERR
CITY-ST-ZIP	LEAWOOD, KS 66209
TITLE	DVP
NAME	GOODMAN, ALVIN
STREET ADDRESS	9999 PONCE DE LEON BLVD. #500
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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: Kathy A Flansburg Sec 2-14-05 813-884-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #