

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N04247

1. Entity Name
THE NATIONAL BOXING ASSOCIATION,
INCORPORATED



Principal Place of Business
7501 BROOK HAVEN COURT
TAMPA, FL 33634

Mailing Address
P.O. BOX 262636
TAMPA, FL 33685



02272006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	8800 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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-06

Date

813 884 7711

Daytime Phone #