**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT

~~1999~~ 2001

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 APR 23 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734501

1. Corporation Name

Jacksonville Amateur Boxing Guild, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 10210 Haverford Rd. Jacksonville Fl 32218 | P.O. Box 9950 Jacksonville Fl 32208 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number 59-6509621 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| Solomon McClendon<br>10210 Haverford Rd.<br>Jacksonville Fl. 32218 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE 1 | VPD ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | Vicky Bailey | 1.2 NAME | |
| STREET ADDRESS | 7925 Merrill Rd | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Jacksonville Fl. 32211 | 1.4 CITY-ST-ZIP | |
| TITLE | PD ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MacClendon, Solomon | 2.2 NAME | |
| STREET ADDRESS | 10210 Haverford Rd. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Jacksonville Fl 32218 | 2.4 CITY-ST-ZIP | |
| TITLE | S ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | Fletcher, Oscar J. | 3.2 NAME | |
| STREET ADDRESS | 1940 College Cir N. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Jacksonville Fl. 32209 | 3.4. CITY-ST-ZIP | |
| TITLE | S ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | Wright, Beverly | 4. 2 NAME | |
| STREET ADDRESS | P.O. Box 57033 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Jacksonville Fl. 32256 | 4.4 CITY-ST-ZIP | |
| TITLE | T ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | Dunlap, Cornell | 5.2 NAME | |
| STREET ADDRESS | 2472 W 28th St. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | Jacksonville Fl. 32209 | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | Hammond, James | 6.2 NAME | |
| STREET ADDRESS | 1117 W 12th St. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | Jacksonville, Fl 32209 | 6.4 CITY-ST-ZIP | |

800004275738--7
-05/22/01--01091-009
*****61.25 *****61.25

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Solomon McClendon 4-19-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #