2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748359

FILED Jan 09, 2009 Secretary of State

Entity Name: SOUTHEAST FLORIDA BOXER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 15863 76TH TER N 15863 76TH TR N PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US **Current Mailing Address: New Mailing Address:** 15863 76TH TR N PALM BEACH GARDENS, FL 33418 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOYD, PATRICIA HAVILAND, CLAYTON 15863 79TH TR N 15863 76TH TR N PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 US US 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. SIGNATURE: CLAYTON HAVILAND 01/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DARBY, DAWN Name: Name: Address: 6713 141ST LANE NO Address:

City-St-Zip:

Title:

() Delete HAVILAND, CLAYTON

PALM BEACH GARDENS, FL 33418 US

Name: Address: 15863 76TH TR N

City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Delete COONEY, PHYLHS Name:

161995 77TH CN Address: City-St-Zip: LOXAHATCHEE, FL 33470

(X) Delete Title: BOYD, PAT

Name: 6843 143RD ST N Address: City-St-Zip:

PALM BEACH GARDENS, FL 33418

Title: () Change () Addition Name:

() Change () Addition

() Change () Addition

City-St-Zip: Title:

Name: Address: City-St-Zip:

Address:

City-St-Zip:

Title:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAYTON HAVILAND Ρ 01/09/2009