

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763446

FILED
Apr 28, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF USA BOXING, INC.

Current Principal Place of Business:

C/O FRANK D. FILIBERTO M.D.
2330 ROCKY POINT RD
MALABAR, FL 32950 US

New Principal Place of Business:

Current Mailing Address:

C/O FRANK D. FILIBERTO M.D.
2330 ROCKY POINT RD
MALABAR, FL 32950 US

New Mailing Address:

FEI Number: 59-2552630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILIBERTO, FRANK D M.D.
2330 ROCKY POINT RD
MALABAR, FL 32950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FILIBERTO, FRANK
Address: 2330 ROCKY POINT RD.
City-St-Zip: MALABAR, FL 32950

Title: DVP () Delete
Name: PEARSON, PAUL
Address: 3614 PROMONADE WAY
City-St-Zip: FORT PIERCE, FL 34982

Title: DT () Delete
Name: GALARZA, EDITH
Address: 303 TIBURON CT
City-St-Zip: ORLANDO, FL 32875

Title: DS () Delete
Name: CONTI, RICK
Address: 339 AVENUE DE MAYO
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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: FRANK FILIBERTO MD

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date