

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763446

FILED  
Aug 30, 2011  
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:**

C/O ROBERT NICHOLSON  
630 CHASE HAMMOCK RD.  
MERRITT ISLAND, FL 32953 US

**Current Mailing Address:**

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

**New Mailing Address:**

C/O ROBERT NICHOLSON  
630 CHASE HAMMOCK RD,  
MERRITT ISLAND, FL 32953 US

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:**

NICHOLSON, ROBERT H  
630 CHASE HAMMOCK RD.  
MERRITT ISLAND, FL 32953 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: ROBERT NICHOLSON

08/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: NICHOLSON, ROBERT H  
Address: 630 CHASE HAMMOCK RD.  
City-St-Zip: MERRITT ISLAND, FL 32953 BR

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT NICHOLSON

PRES

08/30/2011

Electronic Signature of Signing Officer or Director

Date