


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 765826</b> 1. Entity Name TAMPA BAY BOXER CLUB, INC.	
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Principal Place of Business 415 ARROWHEAD CT OLDSMAR, FL 34677 US	Mailing Address 415 ARROWHEAD CT OLDSMAR, FL 34677 US
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01082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2213117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MULLEN, PAT 415 ARROWHEAD CT OLDSMAR, FL 34677	<b>DO NOT WRITE IN THIS SPACE</b>
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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 rechartering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDENFIELD, JANE 7210 CYPRESS LAKE DRIVE ODESSA, FL 335561905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULLEN, PATRICIA 415 ARROWHEAD CT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUINN, STEVE 37337 ORANGE BLOSSOM LANE DADE CITY, FL 335240805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HELMKE, DIANNA 3406 OAKWOOD DR WIMAUMA, FL 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ROYCE, JACKI 311 3 AVE E BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-BM SHIELDS, JEAN 12811 89TH AVE., N. SEMINOLE, FL 34646

U00000583759  
01/12/07-8001D-001 61.25

**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: Stephen M. Quinn **STEPHEN M QUINN** 1/8/07 **352-518-9039**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #