


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 765826	
1. Entity Name TAMPA BAY BOXER CLUB, INC.	
	
Principal Place of Business 415 ARROWHEAD CT OLDSMAR, FL 34677 US	Mailing Address 415 ARROWHEAD CT OLDSMAR, FL 34677 US



03122008 No Chg-NP CR2E037 (4/06)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MULLEN, PAT
415 ARROWHEAD CT
OLDSMAR, FL 34677

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

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

**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** **3/14/08** **352-518-9039**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #