

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 01, 2008
Secretary of State

DOCUMENT# 765826

Entity Name: TAMPA BAY BOXER CLUB, INC.**Current Principal Place of Business:**415 ARROWHEAD CT
OLDSMAR, FL 34677 US**New Principal Place of Business:****Current Mailing Address:**415 ARROWHEAD CT
OLDSMAR, FL 34677 US**New Mailing Address:****FEI Number:** 59-2213117**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MULLEN, PAT
415 ARROWHEAD CT
OLDSMAR, FL 34677 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:** PD () Delete
Name: EDENFIELD, JANE
Address: 7210 CYPRESS LAKE DRIVE
City-St-Zip: ODESSA, FL 335561905**Title:** S () Delete
Name: MULLEN, PATRICIA
Address: 415 ARROWHEAD CT
City-St-Zip: OLDSMAR, FL 34677 US**Title:** TD () Delete
Name: QUINN, STEVE
Address: 37337 ORANGE BLOSSOM LANE
City-St-Zip: DADE CITY, FL 335240805**Title:** V () Delete
Name: HELMKE, DIANNA
Address: 3406 OAKWOOD DR
City-St-Zip: WIMAUMA, FL 33598**Title:** BM () Delete
Name: ROYCE, JACKI
Address: 311 3 AVE E
City-St-Zip: BRADENTON, FL 34208**Title:** D-BM () Delete
Name: SHIELDS, JEAN
Address: 12811 89TH AVE., N.
City-St-Zip: SEMINOLE, FL 34646**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: O'HARE, DENISE
Address: 3107 56TH STREET N
City-St-Zip: ST. PETERSBURG, FL 33710 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: BEASLEY, MACHELLE
Address: 3801 WEST GRANADA ST.
City-St-Zip: TAMPA, FL 33629 US**Title:** V (X) Change () Addition
Name: ROYCE, JACQUELINE
Address: 2601 BERN CTREEK LOOP
City-St-Zip: SARASOTA, FL 34240 US**Title:** BM (X) Change () Addition
Name: EDENFIELD, JANE
Address: 7210 CYPRESS LAKE DR.
City-St-Zip: ODESSA, FL 33556 US**Title:** BM (X) Change () Addition
Name: ZURFLIEH, VIRGINIA
Address: 4506 SLEEPY HOLLOW LANE
City-St-Zip: PLANT CITY, FL 33565 US

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: MACHELLE BEASLEY

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05/01/2008

Electronic Signature of Signing Officer or Director_____
Date