2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
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:	P	( ) Delete
Name:	O'HARE, DENISE	
Address:	3107 56TH STREET N	
City-St-Zip:	ST. PETERSBURG, FL 33710 US	
Title:	S	( ) Delete
Name:	MULLEN, PATRICIA	
Address:	415 ARROWHEAD CT	
City-St-Zip:	OLDSMAR, FL 34677 US	
Title:	T	( ) Delete
Name:	BEASLEY, MACHELLE	
Address:	3801 WEST GRANADA ST.	
City-St-Zip:	TAMPA, FL 33629 US	
Title:	V	( ) Delete
Name:	ROYCE, JACQUELINE	
Address:	2601 BERN CTREEK LOOP	
City-St-Zip:	SARASOTA, FL 34240 US	
Title:	BM	( ) Delete
Name:	EDENFIELD, JANE	
Address:	7210 CYPRESS LAKE DR.	
City-St-Zip:	ODESSA, FL 33556 US	
Title:	BM	( ) Delete
Name:	ZURFLIEH, VIRGINIA	
Address:	4506 SLEEPY HOLLOW LANE	
City-St-Zip:	PLANT CITY, FL 33565 US	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	BM	(X) Change ( ) Addition
Name:	BUTLER, DONNA	
Address:	2609 BRIDLE LANE	
City-St-Zip:	WIMAUMA, FL 33598 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 TREA 04/06/2009
Electronic Signature of Signing Officer or Director — Date