


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N010Q0004650
1. Entity Name
AMBASSADOR BOXING CLUB, INC.



Principal Place of Business
**11178 MERCEDES STREET
SPRING HILL, FL 34609**

Mailing Address
**11178 MERCEDES STREET
SPRING HILL, FL 34609**

DO NOT WRITE IN THIS SPACE



04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3743645	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LALAS, CECIL
11178 MERCEDES STREET
SPRING HILL, FL 34609**

**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, 2004**

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 LALAS, CECIL 11178 MERCEDES STREET SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LALAS, KRISTIN 4405 MILLWOOD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LALAS, JULIE 11178 MERCEDES ST SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LACAS, TONY 4405 MILLWOOD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKIPPER, RHONDA 16416 TAMPA ST BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VULPIS, FRANK 1426 DELTONA BLVD SPRING HILL, FL 34606

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IN THIS SPACE**

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05/04/04-80012-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____