

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2005
Secretary of State**

DOCUMENT# N01000004650

Entity Name: AMBASSADOR BOXING CLUB, INC.

Current Principal Place of Business:

11178 MERCEDES STREET
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

11178 MERCEDES STREET
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 59-3743645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LALAS, CECIL
11178 MERCEDES STREET
SPRING HILL, FL 34609 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: LALAS, CECIL
Address: 11178 MERCEDES STREET
City-St-Zip: SPRING HILL, FL 34609

Title: SD () Delete
Name: LALAS, KRISTIN
Address: 4405 MILLWOOD
City-St-Zip: SPRING HILL, FL 34609

Title: TD () Delete
Name: LALAS, JULIE
Address: 11178 MERCEDES ST
City-St-Zip: SPRING HILL, FL 34609

Title: VP () Delete
Name: LALAS, TONY
Address: 4405 MILLWOOD
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: SKIPPER, RHONDA
Address: 16416 TAMPA ST
City-St-Zip: BROOKSVILLE, FL 34604

Title: D () Delete
Name: VULPIS, FRANK
Address: 1426 DELTONA BLVD
City-St-Zip: SPRING HILL, FL 34606

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LALAS, CECIL

PD

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date