

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008650

FILED  
May 02, 2006  
Secretary of State

**Entity Name:** JOE LEWIS FIGHTING SYSTEMS BLACK BELT ASSOCIATION, INC.

**Current Principal Place of Business:**

17802 GREY BROOKE DR  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

17802 GREY BROOKE DR  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 22-3850342      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ALLEN, MICHAEL E  
17802 GREY BROOKE DR  
TAMPA, FL 33647      US

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: D      ( ) Delete  
Name: ALLEN, MICHAEL E  
Address: 17802 GREYBROOKE DR.  
City-St-Zip: TAMPA, FL 33647

Title: D      ( ) Delete  
Name: MARSHALL, IAN  
Address: 151 RUTHERFORD LANE  
City-St-Zip: STUARTS DRAFT, VA 24477

Title: D      ( ) Delete  
Name: MAYNARD, JOHN  
Address: 127 COLLEGE RD.  
City-St-Zip: WILMINGTON, NC 28403

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL E. ALLEN

DIR

05/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date