2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N01000008650

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 ( )**

Name and Address of Current Registered Agent:

ALLEN, MICHAEL E
17802 GREY BROOKE DR
TAMPA, FL 33647 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:	CEO	( ) 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	
Title:	D	( ) Delete
Name:	ALLEN, JOANNE W VP	
Address:	17802 GREY BROOKE DR	
City-St-Zip:	TAMPA, FL 33647	
Title:	D	( ) Delete
Name:	DOMINGUEZ, EDDIE	
Address:	40309 FERNBROOK LANE	
City-St-Zip:	TAMPA, FL 33624	
Title:	D	( ) Delete
Name:	DOMINGUEZ, CIRO	
Address:	4016 HARBOR LAKE	
City-St-Zip:	LUTZ, FL 33358	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SNYDER, STEVE	
Address:	3755 ADMIRAL DRIVE SUITE 103	
City-St-Zip:	HIGH POINT, NC 27265	
Title:	D	(X) Change ( ) Addition
Name:	NACKORD, DENNIS	
Address:	GATEWAY SHOPPING CENTER 125 E. SWEDESFORD	
City-St-Zip:	WAYNE, PA 19087	
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 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 CEO 03/27/2009

Electronic Signature of Signing Officer or Director — Date