

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90083 010 ****70.00

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1. Entity Name
SANFORD BOXING CLUB, INCORPORATED



Principal Place of Business
**2575 SOUTH FRENCH AVENUE
SANFORD, FL 32773**

Mailing Address
**2575 SOUTH FRENCH AVENUE
SANFORD, FL 32773**

40014067



DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
43-2051842

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUSSI, RICHARD D
498 NEWHOPE DRIVE
ALTAMONTE SPRINGS, FL 32714**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 RUSSI, RICHARD D 498 NEWHOPE DRIVE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRUEBA, ALAN 553 TWISTING PINE COURT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REVELS, GELON 1776 SAXON BLVD 1800 E. GRAVES AVE, BTP 16 DELTONA, FL 32725 ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 2/11/2007 #407-322-0285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #