## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2005 8:00 am Secretary of State 04-15-2005 90078 028 \*\*\*\*61.25

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DOCUMENT # N0400006036  1. Entity Name WORLD CLASS BOXING CLUB, INC.								04-15-200		028 ****6	1.25	
903 S. 21ST STREET P.C			P.O.	Mailing Address P.O. BOX 1633 FORT PIERCE, FL 34954				<u>-</u> .		<b>. 1</b> 1111 <b>. 1211 .</b> 141 <b>1 .</b> 141	#ITI 81 ITG	
				3. Mailing Address P.O. Box 12054								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04122005	Chg-NP	CR2E	037 (10/03)	
City & State			٠,	City & State Fort Pierce TL				4. FEI Numbe	04964	+	<u> </u>	plied For t Applicable
Zip		Country	Zi			untry			of Status Desire		\$8.75 Add	litional
* .		1.23	349	79-2054	u	ISA		o. Cermicate	or Status Desirer	d 📙	Fee Require	
1 1 7	6. Name	and Address of Curren	t Register	ed Agent				7. Name and	Address of Nev	w Registere	d Agent	
SANTIAGO, RICHARD 333 SW DWIGHT AVE PORT ST LUCIE, FL 34983				Street Address (			(P.O. Box Number is Not Acceptable)					
		. •				City				F	Zip Cod	9
	named entit tions of regis	y submits this statement tered agent.	for the purp	pose of changing its	register	ed office o	r register	ed agent, or bot	h, in the State of	Florida. I a	m familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if ap	opticable. (NOT	E: Registere	d Agent signat	ure required	when reinstating)	·	DATI	E	<del></del>
SIGNATURE .	Filing Fe	or printed name of registered age	nt and title if ap	9. Election Cal Trust Fund (	npaign F	inancing		when reinstating) \$5.00 May 8 Added to Fees	e -	Make che lorida Dep	eck payable b	ate 👬 🚟
	Filing Fe	e is \$61.25	-	9. Election Car Trust Fund (	npaign F	inancing	<b>-</b>	\$5.00 May 8 Added to Fees	e F	Make che lorida Dep	ack payable to artment of S	ate 1
	P HALSEY, 1538 N L	e is \$61.25 flay 1, 2005 OFFICERS AND D	-	9. Election Car Trust Fund (	Tipaign F Contribut 11. TITLI NAM STRE	Financing ion.	P Halse	\$5.00 May B Added to Fees DDITIONS/CH.	ANGES TO OFFI	Make che lorida Dep CERS AND	ack payable to artment of S	ate state
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jane A

MATURE AND TYPED OR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR

ident 4-13-05

772-979-5832

Daytime Phor