


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04247**  
**1. Entity Name**  
**THE NATIONAL BOXING ASSOCIATION, INCORPORATED**



**Principal Place of Business**      **Mailing Address**  
**7501 BROOK HAVEN COURT**      **P.O. BOX 262636**  
**TAMPA, FL 33634**      **TAMPA, FL 33685**

**DO NOT WRITE IN THIS SPACE**



02142005 No Chg-NP CR2E037 (10/03)

**4. FEI Number**  
**59-2426038**       **Applied For**  
 **Not Applicable**

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**FLANSBURG, WALTER**  
**7501 BROOK HAVEN COURT**  
**TAMPA, FL 33634**

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**7. 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 signature required when reinstating)      **DATE** \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

**9. Election Campaign Financing**      **\$5.00 May Be**  
**Trust Fund Contribution.**       **Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>FLANSBURG, WALTER</b>
<b>STREET ADDRESS</b>	<b>7501 BROOK HAVEN COURT</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33634</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>FLANSBURG, KATHY A</b>
<b>STREET ADDRESS</b>	<b>7501 BROOKHAVEN COURT</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33634</b>
<b>TITLE</b>	<b>D2VP</b>
<b>NAME</b>	<b>SHER, PAYTON</b>
<b>STREET ADDRESS</b>	<b>2001 W 123RD TERR</b>
<b>CITY-ST-ZIP</b>	<b>LEAWOOD, KS 66209</b>
<b>TITLE</b>	<b>DVP</b>
<b>NAME</b>	<b>GOODMAN, ALVIN</b>
<b>STREET ADDRESS</b>	<b>9999 PONCE DE LEON BLVD. #500</b>
<b>CITY-ST-ZIP</b>	<b>CORAL GABLES, FL 33134</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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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:** *Walter Flansburg*      *Kathy A Flansburg*      *See*      *2-14-05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      *813-889-7711*