

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

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



Principal Place of Business
**7501 BROOK HAVEN COURT
 TAMPA, FL 33634**

Mailing Address
**P.O. BOX 262636
 TAMPA, FL 33685**



02272006 No Chg-NP CR2E037 (11/05)

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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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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 FLANSBURG, WALTER 7501 BROOK HAVEN COURT TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLANSBURG, KATHY A 7501 BROOKHAVEN COURT TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP SHER, PAYTON 2001 W 123RD TERR LEAWOOD, KS 66209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GOODMAN, ALVIN 8866 PONCE DE LEON BLVD. #500 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Kathy A. Sher* 2-27-06 813 884 7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #