## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000003103

Entity Name: TROJAN WRESTLING CLUB INC.

FILED May 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1 LELY HIGH SCHOOL PLACE 1 LELY HIGH SCHOOL BLVD

NAPLES, FL 34113 NAPLES, FL 34113

Current Mailing Address: New Mailing Address:

3584 KENT DR 143 BALD EAGLE DRIVE NAPLES, FL 34112 MARCO ISLAND, FL 34145

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POPOLI, THOMAS E JR.

THOMPSON, TIGE D

3584 KENT DR.

143 BALD EAGLE DRIVE

NAPLES, FL 34112 US MARCO ISLAND, FL 34145 US

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: TIGE D. THOMPSON 05/05/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: POPOLI, THOMAS E JR. Name: THOMPSON, TIGE D

 Address:
 3584 KENT DR.
 Address:
 143 BALD EAGLE DRIVE

 City-St-Zip:
 NAPLES, FL 34112
 City-St-Zip:
 MARCO ISLAND, FL 34145

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 THOMPSON, TIGE D
 Name:
 POPOLI, THOMAS E JR.

 Address:
 143 BALD EAGLE DR.
 Address:
 3584 KENT DRIVE

 City-St-Zip:
 MARCO ISLAND, FL 34145
 City-St-Zip:
 NAPLES, FL 34112

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 POPOLI, CATHI J
 Name:
 POPOLI, CATHI J

 Address:
 3584 KENT DR.
 Address:
 3584 KENT DRIVE

 City-St-Zip:
 NAPLES, FL 34112
 City-St-Zip:
 NAPLES, FL 34112

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: TIGE D. THOMPSON PRES 05/05/2009