

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46259

(0)

1. Corporation Name

LANTANA WRESTLING CLUB, INC.



Principal Place of Business

Mailing Address

8467 116 TERRACE SOUTH
BOYNTON BEACH FL 33437-4519

11103 TOWNSEND LANE
BOYNTON BEACH FL 33437-4519
US

3. Date Incorporated or Qualified
12/03/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0339322

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWMAN, SHERRY
7747 CANAL DR.
LAKEWORTH FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE
NAME TOWNSEND, GARY
STREET ADDRESS 11103 TOWNSEND LANE
CITY-ST-ZIP BOYNOTON BEACH FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME AGRESTI, SAM
STREET ADDRESS 6090 BIRCH TREE TERR
CITY-ST-ZIP LAKE WORTH FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PORCHER, DALE
STREET ADDRESS 1701 CARANDIS RD.
CITY-ST-ZIP WEST PALM BEACH FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME PORCHER, HANK
STREET ADDRESS 252 BLOOMFIELD DR.
CITY-ST-ZIP W PALM BEACH FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME BOWMAN, ROBERT D.
STREET ADDRESS 7747 CANAL DRIVE
CITY-ST-ZIP LAKEWORTH FL

51 TITLE ☐ Change ☒ Addition
52 NAME Secretary
53 STREET ADDRESS Sandy Bowers
54 CITY-ST-ZIP 12780 Sunset Blvd.
Royal Palm Beach, FL 33411

TITLE S ☒ DELETE
NAME BOWMAN, SHERRY
STREET ADDRESS 7747 CANAL DR.
CITY-ST-ZIP LAKE WORTH FL

61 TITLE ☐ Change ☒ Addition
62 NAME Treasurer
63 STREET ADDRESS Gloria TRUDEAN
64 CITY-ST-ZIP 7712 PARK LANE RD.
LAKE WORTH, FL 33467

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

8/5/96 (561) 736-0250

Date

Daytime Phone #

CR2E037 (3/96)