


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90028 007 ****70.00

DOCUMENT # N49630 1. Entity Name SJC BOXING CLUB, INC.					
Principal Place of Business 1336 MIRACLE LANE FT. MYERS, FL 33901 US				Mailing Address 1336 MIRACLE LANE FT. MYERS, FL 33901 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03132008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0373379				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANTON, STEVEN J. 1336 MIRACLE LANE FT. MYERS, FL 33901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANTON, STEVEN J.		NAME		
STREET ADDRESS	1336 MIRACLE LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33901		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANTON, MARY LYNN		NAME		
STREET ADDRESS	1336 MIRACLE LN		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEEHAN, WILLIAM T		NAME		
STREET ADDRESS	488 VERANDA WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, EDDIE M SR		NAME		
STREET ADDRESS	2966 CENTRAL AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMARCA, JOHN		NAME		
STREET ADDRESS	1232 GREEN OAK TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>STEVEN J CANTON</u> <u>3/13/08</u> <u>239-278-5275</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					