

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # N95000005150**

1. Corporation Name

**King of The Ring Boxing Club, Inc.**

Principal Place of Business

Mailing Address

**6024 N. 9th. Ave.  
Pensacola, Fla., 32504**

3. Date Incorporated or Qualified

3a. Date of Last Report

**October 26, 1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

**59-3351768**

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**

**Richard W. Lucey, M.D.  
6024 N. 9th. Ave.  
Pensacola, Fla., 32504**

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: Richard W. Lucey, President DATE: 04/03/96

**12. OFFICERS AND DIRECTORS**

TITLE: **President** ☐ DELETE

NAME: **Richard W. Lucey, M.D.**

STREET ADDRESS: **6024 N. 9th. Ave.**

CITY-ST-ZIP: **Pensacola, Fla., 32504**

TITLE: **Secretary** ☐ DELETE

NAME: **Marcia Keyes**

STREET ADDRESS: **329 Edgewater Drive**

CITY-ST-ZIP: **Pensacola, Fla., 32501**

TITLE: **Director of Education** ☐ DELETE

NAME: **Joyce Reese**

STREET ADDRESS: **1519 North A. St.**

CITY-ST-ZIP: **Pensacola, Fla., 32501**

TITLE: **Treasurer** ☐ DELETE

NAME: **Mr. Thomas Riggs**

STREET ADDRESS: **12 W. Strong St.**

CITY-ST-ZIP: **Pensacola, Fla., 32501**

TITLE: **Vice President** ☐ DELETE

NAME: **Lt. Windell Rich, City Police Dept.**

STREET ADDRESS: **Haynes St., Pensacola, Fla.**

TITLE: **Boxing Vice President** ☐ DELETE

NAME: **Alton Merkerson**

STREET ADDRESS: **200 W. La Rua St**

CITY-ST-ZIP: **Pensacola, Fla. 32504**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 or 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:** Richard W. Lucey, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/03/96**

Daytime Phone #

CR2E037 (12/95)