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May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002607 (6)**

1. Corporation Name

**PATRIOTS WRESTLING CLUB, INC.**

Principal Place of Business

Mailing Address

**6305 118TH AVENUE NORTH  
LARGO FL 33773**

**15526 NEWPORT ROAD  
CLEARWATER FL 34624**

3. Date Incorporated or Qualified

**05/05/1997**

4. FEI Number

**59-3447798**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 26 27 28 29 30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOONE, DARRELL  
15526 NEWPORT ROAD  
CLEARWATER FL 34624**

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
BOONE, DARRELL  
15526 NEWPORT ROAD  
CLEARWATER FL 34624**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VP  
VANSICKEL, KATHY  
11300 88TH ST. APT. #810  
PINELLAS PARK FL 33773**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**T  
ROBERTS, BARBARA  
6412 44TH AVE. N  
KENNETH CITY FL 33709**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
WALTON, JEREMY  
5989 115TH CIR N.  
PINELLAS PARK FL 33782**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
STERN, SCOTT  
4540 76TH AVE. N. APT#11  
PINELLAS PARK FL 33781**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
BOONE, NINA  
15526 NEWPORT ROAD  
CLEARWATER FL 34624**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Darrell Boone*

**4/27/98**

**813-884-0000**

**X261**

CP2E037 (10/97)