

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002786

1. Entity Name
ASSOCIATION FOR THE BETTERMENT OF BOXING, INC.



Principal Place of Business
1300 PAUL RUSSELL ROAD NORTH
TALLAHASSEE, FL 32301

Mailing Address
1300 PAUL RUSSELL ROAD NORTH
TALLAHASSEE, FL 32301

FILED
2007 JAN 16 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152007 No Chg-NP CR2E037 (4/06)

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4. FCI Number NOT APPLICABLE	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAZELTON, DON
1300 PAUL RUSSELL ROAD NORTH
TALLAHASSEE, FL 32301

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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 _____
Signature, Name and Address of Registered Agent or Director, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

300086140803
01/24/07--01035--013 **\$61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAZELTON, DON
STREET ADDRESS	1300 PAUL RUSSEL ROAD NORTH
CITY ST ZIP	TALLAHASSEE, FL 32301
TITLE	VPD
NAME	ATKINSON-HAZELTON, GERRI
STREET ADDRESS	1300 PAUL RUSSELL ROAD NORTH
CITY ST ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	HAZELTON, CHRIS
STREET ADDRESS	1300 PAUL RUSSELL ROAD NORTH
CITY ST ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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 another like empowered.

SIGNATURE: Gerri Atkinson-Hazelton 1/15/07 (850) 878-7725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR