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May 06 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N97000003536 (6)**

1. Corporation Name

THE FLORIDA STATE BOXING FOUNDATION, INC.

Principal Place of Business

Mailing Address

**1432 54TH AVENUE N.E.
ST. PETERSBURG FL 33704**

**1432 54TH AVENUE N.E.
ST. PETERSBURG FL 33704**

2. Principal Place of Business

2a. Mailing Address

21 707 E. Kennedy Blvd.

2a P.O. Box 172455

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33602

25

29 33602

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRANE, BRAGG
1432 54TH AVENUE N.E.
ST. PETERSBURG FL 33704**

81 Name

Watson, David L.

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

707 E. Kennedy Blvd.

83

84 City

Tampa

FL

85 Zip Code

33602

11. Pursuant to the provisions of Sections 617.0502 and 617.0503, 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 resigning)

DATE

4-20-98

12. **ALL ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS**

13. **ALL ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **Board of Director (BOD)** ☐ DELETE

NAME **Mel Dick**
STREET ADDRESS **1600 N.W. 163rd Street**
CITY-ST-ZIP **Miami, FL 33149**

TITLE **BOD** ☐ DELETE

NAME **Hank Kaplan**
STREET ADDRESS **10240 S.W. 87th Street**
CITY-ST-ZIP **Miami, FL 33173**

TITLE **BOD** ☐ DELETE

NAME **Carl Cohrs**
STREET ADDRESS **4000 N.W. County Road 235**
CITY-ST-ZIP **Newberry, FL 32669**

TITLE **BOD** ☐ DELETE

NAME **Mallory Horne**
STREET ADDRESS **Rte. 1 Box 942**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **BOD** ☐ DELETE

NAME **Frank Viscetti**
STREET ADDRESS **2928 Wellington Circle S. Sk 201**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **BOD** ☐ DELETE

NAME **Bill James**
STREET ADDRESS **225 Newburyport Avenue**
CITY-ST-ZIP **Altamonte Springs, FL 32701**

1.1 TITLE

BOD ☐ Change ☐ Addition

1.2 NAME

Vincent Giglio

1.3 STREET ADDRESS

10504 Sage Rd.

1.4 CITY-ST-ZIP

Tampa, FL 33618

2.1 TITLE

BOD. ☐ Change ☐ Addition

2.2 NAME

Dr. Dennis Pupello

2.3 STREET ADDRESS

2814 W. Virginia Ave.

2.4 CITY-ST-ZIP

Tampa, FL 33607

3.1 TITLE

BOD ☐ Change ☐ Addition

3.2 NAME

Thomas A. Pennavera

3.3 STREET ADDRESS

3600 N. Federal Hwy. 3rd Floor

3.4 CITY-ST-ZIP

Ft. Lauderdale, FL 33308

4.1 TITLE

BOD. ☐ Change ☐ Addition

4.2 NAME

Andy Scaglione

4.3 STREET ADDRESS

7619 Lake Cypress Dr.

4.4 CITY-ST-ZIP

Odessa, FL 33556

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Michael Lee Scaglione, Board of Director 4-27-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (10/97)