2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

DOCUMENT# N98000001977

Entity Name: WELLINGTON WRESTLING CLUB INC.

Current Principal Place of Business:

C/O DONALD POPPER DPM
1619 FARMINGTON AVENUE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

C/O DONALD POPPER DPM
1619 FARMINGTON AVENUE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0833042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POPPER, DONALD J DR
1619 FARMINGTON AVENUE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	POPPER, DONALD J DR	
Address:	1619 FARMINGTON AVENUE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D/V	( ) Delete
Name:	WALKER, PATRICK	
Address:	1170 OAK WATER DRIVE	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	
Title:	D/T	( ) Delete
Name:	READY, ROBERT	
Address:	8802 ESTATE DR	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	D/S	( ) Delete
Name:	MORSE, KELLI	
Address:	340 JFK MEMORIAL BLVD	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	D	( ) Delete
Name:	MORDEN, ROBERT	
Address:	6010 HOMELAND RD	
City-St-Zip:	WELLINGTON, FL 33467	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D/S	(X) Change ( ) Addition
Name:	ORTIZ, CARLOS	
Address:	1657 BALTRUSOL PLACE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD POPPER PD 01/06/2008

Electronic Signature of Signing Officer or Director — Date