

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001977

FILED  
Feb 01, 2009  
Secretary of State

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: ORTIZ, CARLOS  
Address: 1657 BALTRUSOL PLACE  
City-St-Zip: WELLINGTON, FL 33414

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 DPM

PD

02/01/2009

Electronic Signature of Signing Officer or Director

Date