

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90002 037 \*\*\*\*61.25

<b>DOCUMENT # N99000005725</b>					
<b>1. Entity Name</b> <b>TEAM SAULSBERRY 2000 BOXING FOR JESUS INC.</b>					
<b>Principal Place of Business</b> 2210 NW 47TH TERRACE LAUDERHILL, FL 33313			<b>Mailing Address</b> 2210 NW 47TH TERRACE LAUDERHILL, FL 33313		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 100831			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Ft. Lauderdale		<b>4. FEI Number</b> 65-0959816	
<b>Zip</b>		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SAULSBERRY, MELVIN II 2210 NW 47TH TERRACE LAUDERHILL, FL 33313			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> <i>M. J. Saulsberry II</i>				<b>DATE</b> 5-24-04	
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPD EZKIEL, YOUNG 8720 SHADOWOOD DR CORAL SPRING, FL	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD REID, PATTY N 115 GARDEN DR POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, VICKI 8720 SHADOWOOD BLVD CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD SAULSBERRY, MELVIN L II 2210 NW 47TH TERRACE LAUDERHILL, FL 33313	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		PD SAULSBERRY, M. L II 2210 NW 47TH TERRACE LAUDERHILL FL 33313			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		B SAULSBERRY, DELORES R 2210 NW 47TH TERRACE LAUDERHILL FL 33313			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		D Billie DARRON 2440 NW 8AVE Ft. Lauderdale, FL 33310			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP					
<b>12. 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 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 all other like empowered.</b>					
<b>SIGNATURE:</b> <i>M. J. Saulsberry II</i>				<b>DATE</b> 5-24-04 (954) 292-7054	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	