2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# N05000006507

Entity Name: ST. AUGUSTINE BOXING CLUB INC.

Current Principal Place of Business:

909 PINE VALLEY PLACE
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

909 PINE VALLEY PLACE
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLEMAN, DEAN
909 PINE VALLEY PLACE
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

COLEMAN, DEAN B PRES
909 PINE VALLEY PLACE
ST AUGUSTINE, FL 32086 US

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: DEAN COLEMAN 07/06/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COLEMAN, DEAN
Address: 909 PINE VALLEY PLACE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: GERONIMO, ROGER
Address: 909 PINE VALLEY PLACE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: COLEMAN, SCOTT
Address: 909 PINE VALLEY PLACE
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: ROCHE, JIM
Address: 909 PINE VALLEY PLACE
City-St-Zip: ST AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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: DEAN COLEMAN PRES 07/06/2006
Electronic Signature of Signing Officer or Director Date