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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720507** (3)
1. Corporation Name
TATE QUARTERBACK CLUB, INC.

Principal Place of Business P.O. BOX 303 GONZALEZ FL 32580	Mailing Address P.O. BOX 303 GONZALEZ FL 32580-0303
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-03/13/97--01103--025

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/16/1971		3a. Date of Last Report 07/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 03-0001014		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent COOK, GREGORY 200 EDEN LANE CANTONMENT FL 32533				10. Name and Address of New Registered Agent			
				81 Name George Cook Jr.			
				82 Street Address (P.O. Box Number is Not Acceptable) 11553 Havenwood Rd.			
				83			
				84 City Pensacola FL 85 Zip Code 32574			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ DATE **2/24/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEALEY, DENNIS		1.2 NAME	Eddie Wells	
STREET ADDRESS	10530 TARAD OWN CIRCLE		1.3 STREET ADDRESS	11542 Duelling Oaks Dr.	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, GEORGE		2.2 NAME	Peggy Folmar	
STREET ADDRESS	11553 HAVENWOOD ROAD		2.3 STREET ADDRESS	440 Weeping Willow Ct.	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Molino, FL 32577	
TITLE	P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, GREGORY A		3.2 NAME	George Cook	
STREET ADDRESS	200 EDEN LANE		3.3 STREET ADDRESS	11553 Havenwood Rd.	
CITY-ST-ZIP	CANTONMENT FL		3.4 CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARINAS, THOMAS W JR.		4.2 NAME	Mike Sparks	
STREET ADDRESS	9932 BOWMAN AVE.		4.3 STREET ADDRESS	8647 Gibson Rd	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	Molino, FL 32577	
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOUCHSTONE, DON		5.2 NAME	Mike Bourne	
STREET ADDRESS	533 MAN O WAR CIRCLE		5.3 STREET ADDRESS	3205 Copper Ridge Cr.	
CITY-ST-ZIP	CANTONMENT FL		5.4 CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	METZ, CHRIS		6.2 NAME	Jennifer Barraclough	
STREET ADDRESS	945 EL CAMINO DRIVE		6.3 STREET ADDRESS	3597 Wiggins Lane	
CITY-ST-ZIP	CANTONMENT FL		6.4 CITY-ST-ZIP	Cantonment, FL 32533	

14. I do 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: _____ DATE: **3/3/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

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Debbie Tucker
3565 Wiggins Lane
Cantonment, FL 32533

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Sam Alltop
2249 Stallion Rd.
Cantonment, FL 32533

D

John Velaski
506 Benjuly Rd.
Cantonment, FL 32533

D

Jeff Thomason
716 Copper Ridge Rd.
Cantonment, FL 32533

D

Tony Ad Kinson
11563 Dueling Oaks Ct.
Pensacola, FL 32574

D

Steve Baker

D

Robert Tebbs
1208 Tecumseh Trail
Pensacola, FL 32574