


FILE NOW: FILING FEE IS \$61.25

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Apr 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720507** (3)  
1. Corporation Name  
**TATE QUARTERBACK CLUB, INC.**



Principal Place of Business <b>P.O. BOX 303 GONZALEZ FL 32560</b>	Mailing Address <b>P.O. BOX 303 GONZALEZ FL 32560</b>
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3. Date Incorporated or Qualified <b>03/16/1971</b>
4. FEI Number <b>03-0001014</b>
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>COOK, JR., GEORGE 11553 HAVENWOOD RD. PENSACOLA FL 32514</b>	
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10. Name and Address of New Registered Agent <b>81</b> Name <b>Edward D. L. Wells</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>11592 Dueling Oaks Dr.</b> <b>83</b> City <b>Pensacola</b> <b>FL</b> <b>85</b> Zip Code <b>32514</b>	
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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 in both 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 <i>[Signature]</i> DATE <b>3/24/98</b> (NOTE: Registered Agent Signature required when reinstating)	
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12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>WELLS, EDDIE</b> <b>11592 DUELING OAKS DR.</b> <b>PENSACOLA FL 32514</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>FOLMAR, PEGGY</b> <b>440 WEEPING WILLOW CT.</b> <b>MOLINO FL 32577</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>COOK, GEORGE</b> <b>11553 HAVENWOOD RD.</b> <b>PENSACOLA FL 32514</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SPINKS, MIKE</b> <b>8847 GIBSON RD.</b> <b>MOLINO FL 32577</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>(T)</b> <b>BOURNE, MIKE</b> <b>3205 COPPER RIDGE CR.</b> <b>CANTONMENT FL 32533</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BARRACLOUGH, JENNIFER</b> <b>3597 WIGGINS LANE</b> <b>CANTONMENT FL 32533</b> <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>D</b> <b>Terry Brown V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1350 CONFERENCE ROAD</b> <b>CANTONMENT FL 32533</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>D</b> <b>Suzi Murphy Sec.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1201 EAGLE DR.</b> <b>CANTONMENT FL 32533</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>Pres</b> <b>Edward L. Wells</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>11592 Dueling Oaks Dr.</b> <b>Pensacola FL 32514</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>Dir.</b> <b>SAM Alltop</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2249 Stallion Ad.</b> <b>CANTONMENT FL 32533</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<b>DV</b> <b>Robert Tebbs</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1208 Tecumseh Trail</b> <b>Pensacola FL 32514</b>

14. 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 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: <i>[Signature]</i> DATE: <b>2/2/98</b>
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CR2E037 (10/97)