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Mar 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720507

1. Corporation Name
TATE QUARTERBACK CLUB, INC.

Principal Place of Business P.O. BOX 303 GONZALEZ FL 32560	Mailing Address P.O. BOX 303 GONZALEZ FL 32560
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/16/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 03-0001014
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WELLS, EDWARD L.
11592 DUELING OAKS DRIVE
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name **DAVID Touchstone**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **1428 Chippendale Rd**
 84 City **CANTONMENT** FL 85 Zip Code **32533**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	BROWN, TERRY <input checked="" type="checkbox"/> DELETE	1.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1350 CONFERENCE ROAD	1.2 NAME	Jimmy Condren
STREET ADDRESS	CANTONMENT FL 32533	1.3 STREET ADDRESS	1509 Muirfield Rd
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE SD	MURPHY, SUZI <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1201 EAGLE DRIVE	2.2 NAME	
STREET ADDRESS	CANTONMENT FL 32533	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE P	WELLS, EDWARD L. <input checked="" type="checkbox"/> DELETE	3.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1159 DUELING OAKS DRIVE	3.2 NAME	DAVID Touchstone
STREET ADDRESS	PENSACOLA FL 32514	3.3 STREET ADDRESS	1428 Chippendale Rd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CANTONMENT FL 32533
TITLE D	ALLTOP, SAM <input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2249 STALLION RD	4.2 NAME	Edward Wells
STREET ADDRESS	CANTONMENT FL 32533	4.3 STREET ADDRESS	1159 DUELING OAKS Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PENSACOLA FL 32514
TITLE T	BOURNE, MIKE <input checked="" type="checkbox"/> DELETE	5.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3205 COPPER RIDGE CR.	5.2 NAME	Dennis Norton
STREET ADDRESS	CANTONMENT FL 32533	5.3 STREET ADDRESS	838 CANDY LANE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CANTONMENT FL 32533
TITLE VD	TEBBS, ROBERT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1208 TECUMSEH TRAIL	6.2 NAME	
STREET ADDRESS	PENSACOLA FL 32514	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE: DAVID Touchstone 3/1/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____