2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005
Secretary of State

DOCUMENT# 720507

Entity Name: TATE QUARTERBACK CLUB, INC.

Current Principal Place of Business:

P.O. BOX 303
GONZALEZ, FL 32560

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 303
GONZALEZ, FL 32560

New Mailing Address:

FEI Number: 03-0001014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLS, GERALD D JR.
945 BROKEN ARROW LANE
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	DOUGLAS, MICHAEL	
Address:	3219 DEER RIDGE RD.	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	SD	( ) Delete
Name:	DOUGLAS, DONNA	
Address:	3219 DEER RIDGE RD.	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	P	( ) Delete
Name:	MILLS, GERALD D JR.	
Address:	945 BROKEN ARROW LANE	
City-St-Zip:	CANTONMENT, RD 32533	
Title:	D	( ) Delete
Name:	NORTON, DENNIS	
Address:	838 CANDY LANE	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	T	( ) Delete
Name:	EMERSON, JOHN	
Address:	2400 VAN DERN LANE	
City-St-Zip:	PENSACOLA, FL 32534	
Title:	VD	( ) Delete
Name:	MICTCHELL, PACKY	
Address:	765 NEAL RD.	
City-St-Zip:	CANTONMENT, FL 32533	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JERRY MILLS P 01/26/2005
Electronic Signature of Signing Officer or Director — Date