

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720507

FILED
Apr 25, 2009
Secretary of State

Entity Name: TATE QUARTERBACK CLUB, INC.

Current Principal Place of Business:

1771 TATE ROAD
CANTONMENT, FL 32533

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:

ROBERSON, RENEE
6291 CHESTNUT RD
MOLINO, FL 32577 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: HEDDEN, JOEY
Address: 7424 FARMERS RD
City-St-Zip: PENSACOLA, FL 32526

Title: SD () Delete
Name: PRICE, MONICA
Address: 540 NOWAK RD
City-St-Zip: CANTONMENT, FL 32533

Title: P () Delete
Name: ELLIOTT, MICHAEL
Address: 969 BUCYRUS LANE
City-St-Zip: CANTONMENT, RD 32533

Title: T () Delete
Name: ROBERSON, RENEE
Address: 6291 CHESTNUT RD
City-St-Zip: MOLINO, FL 32577

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:

I hereby certify that the information supplied with this filing does not qualify 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: RENEE ROBERSON

T

04/25/2009

Electronic Signature of Signing Officer or Director

Date