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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761109 (8)

1. Corporation Name
RAIDER QUARTERBACK CLUB, INC.

Principal Place of Business	Mailing Address
220 RAIDER ROAD P.O. BOX 560012 ROCKLEDGE FL 32956-7012	220 RAIDER ROAD P.O. BOX 560012 ROCKLEDGE FL 32956-0012 US

3. Date Incorporated or Qualified: 12/14/1981

4. FEI Number: 59-2866846 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARTIN, HARRY
863 HONEYSUCKLE DRIVE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name: David C. Coffman
82 Street Address (P.O. Box Number is Not Acceptable): 904 Levitt Pkwy
83
84 City: Rockledge FL 85 Zip Code: 32955

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: David C. Coffman — David C. Coffman — 4-27-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MARTIN, HARRY E.		1.2 NAME	Rebecca Holland Camp	
STREET ADDRESS	863 HONEYSUCKLE DRIVE		1.3 STREET ADDRESS	2258 Royal Oak Drive	
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP	Rockledge FL 32955	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STEPHENSON, SUSAN		2.2 NAME		
STREET ADDRESS	1026 CORONADO DRIBE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	MARTIN, JULIA A		3.2 NAME	Debra Martin	
STREET ADDRESS	863 HONEYSUCKLE DRIVE		3.3 STREET ADDRESS	735A Thomas Lane	
CITY-ST-ZIP	ROCKLEDGE FL		3.4 CITY-ST-ZIP	Cocoa FL 32926	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COFFMAN, DAVID C		4.2 NAME		
STREET ADDRESS	904 LEVITT PKWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: David C. Coffman — David C. Coffman — 4-27-98 — (54)597-2906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #