2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# 761109

Entity Name: RAIDER QUARTERBACK CLUB, INC.

Current Principal Place of Business:

220 RAIDER ROAD
P.O. BOX 560012
ROCKLEDGE, FL 329567012

New Principal Place of Business:

220 RAIDER ROAD
ROCKLEDGE, FL 329567012

Current Mailing Address:

220 RAIDER ROAD
P.O. BOX 560012
ROCKLEDGE, FL 329560012 US

New Mailing Address:

220 RAIDER ROAD
ROCKLEDGE, FL 329560012 US

FEI Number: 59-2866846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOHACS, ROBERT
1311 SEQUOIA PL
ROCKLEDGE, FL 32955 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:	PD	( ) Delete
Name:	BOHACS, ROBERT	
Address:	1311 SEQUOIA PL	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	VD	( ) Delete
Name:	CAMP, CHARLIE	
Address:	2258 ROYAL OAKS DR.	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	SD	( ) Delete
Name:	MOYER, EMILY	
Address:	1932 CRANE CREEK BLVD.	
City-St-Zip:	VIERA, FL 32955	
Title:	TD	( ) Delete
Name:	BARRINGTON, CHRISTINE	
Address:	1202 APPLE CREEK LN	
City-St-Zip:	ROCKLEDGE, FL 32955	

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:	

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: ROBERT BOHACS PD 04/30/2007

Electronic Signature of Signing Officer or Director — Date