2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 28, 2008
Secretary of State

DOCUMENT# N00000006184

Entity Name: NAVARRE RAIDERS QUARTERBACK CLUB, INC.

Current Principal Place of Business:

8600 HIGH SCHOOL BLVD
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

8600 HIGH SCHOOL BLVD
NAVARRE, FL 32566

New Mailing Address:

PO BOX 5987
NAVARRE, FL 32566

FEI Number: 59-3674041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODEWALD, JEFF
2407 PLEASANT POINT CIR
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

HOUSEHOLDER, MICHAEL J
2562 2ND COURT
NAVARRE, FL 32566 US

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: MICHAEL J. HOUSEHOLDER 01/28/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RODEWALD, JEFF
Address: 2407 PLEASANT POINT CIR
City-St-Zip: NAVARRE, FL 32566

Title: VD ( ) Delete
Name: LANGSTON, RAY
Address: 2407 PLEASANT POINT CIRCLE
City-St-Zip: NAVARRE, FL 32566

Title: TP ( ) Delete
Name: JENKINS, TINA
Address: 2099 JESSICA WAY
City-St-Zip: NAVARRE, FL 32566

Title: T ( ) Delete
Name: LEWIS, LISA
Address: 8131 COUNTRY BAY BLVD.
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HOUSEHOLDER, MICHAEL J
Address: 2562 2ND COURT
City-St-Zip: NAVARRE, FL 32566

Title: VD (X) Change ( ) Addition
Name: CHANDLER, JANIE M
Address: 8199 BRANSTON DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: TR (X) Change ( ) Addition
Name: UNTERBRINK, AMANDA S
Address: 2649 BLACK GUM CIRCLE
City-St-Zip: NAVARRE, FL 32566

Title: SEC (X) Change ( ) Addition
Name: LOCKWOOD, DENISE R
Address: 2016 PINE RANCH DRIVE
City-St-Zip: NAVARRE, FL 32566

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: MICHAEL J. HOUSEHOLDER PD 01/28/2008
Electronic Signature of Signing Officer or Director Date