2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004842

1. Entity Name
THE UNITED STATES QUAD RUGBY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5861 WHITE CYPRESS DRIVE LAKE WORTH, FL 33467	5861 WHITE CYPRESS DRIVE LAKE WORTH, FL 33467

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01222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
36-3648503
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BISHOP, JOHN
5861 WHITE CYPRESS DRIVE
LAKE WORTH, FL 33467

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAY, CHARLES
STREET ADDRESS	13792 NW 22ND STREET
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	T
NAME	ERSHEK, JOHN
STREET ADDRESS	1179 SIMMS HEIGHTS ROAD
CITY-ST-ZIP	KINGSTON SPRINGS, TN 37082
TITLE	D
NAME	GUMBERT, JAMES T
STREET ADDRESS	11104 SPICEWOOD CLUB DRIVE
CITY-ST-ZIP	AUSTIN, T 7875
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/06-80044-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Ershek JOHN ERSHEK 1/22/06 615-294-8184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #