

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra R. Matham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUL 25 AM 8:11

DOCUMENT # **718758** (6)

1. Corporation Name

BEACHES QUARTERBACK CLUB, INC.

Principal Place of Business

Mailing Address

1028 SOUTH THIRD STREET
 P.O. BOX 50524
 JACKSONVILLE BCH FL 32250

1028 SOUTH THIRD STREET
 P.O. BOX 50524
 JACKSONVILLE BCH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

06/29/1970

06/16/1994

4. FEI Number

59-2876790

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STURROCK, JOHN D.

1028 SOUTH THIRD STREET
 JACKSONVILLE BCH. FL 32250

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 Change Addition

TITLE SD
 NAME STURROCK, JOHN D.
 STREET ADDRESS 17 TALLWOOD ROAD
 CITY - ST - ZIP JACKSONVILLE BEACH FL

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP

TITLE T
 NAME LEE, GARY W
 STREET ADDRESS 1903 WILLIAMS ST
 CITY - ST - ZIP JACKSONVILLE BCH FL

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP

TITLE D
 NAME TALTON, RICHARD
 STREET ADDRESS 758 S THIRD ST
 CITY - ST - ZIP JACKSONVILLE BCH FL

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP

TITLE P
 NAME NADER, RANDY
 STREET ADDRESS 3570 SEAFORM LN
 CITY - ST - ZIP JACKSONVILLE FL

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP

TITLE V
 NAME TIPTON, JOHN
 STREET ADDRESS 26 TALLWOOD RD.
 CITY - ST - ZIP JACKSONVILLE BCH. FL

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary W Lee *Gary W Lee*

7/20/94 (904)394-2202