

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723639

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Entity Name:** LEESBURG QUARTERBACK CLUB, INC.

**Current Principal Place of Business:**

1000 W. MAIN ST.  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

1000 W. MAIN ST.  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 59-2313888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWMAN, RICHARD P  
1000 W MAIN ST  
LEESBURG, FL 34748 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: D  
Name: NEWMAN, RICHARD P  
Address: 1000 WEST MAIN STREET  
City-St-Zip: LEESBURG, FL 34748 US

Title: VD  
Name: SPRINGSTEAD, DAVID  
Address: 727 SOUTH 14TH STREET  
City-St-Zip: LEESBURG, FL 34748 US

Title: TD  
Name: KNOWLES, STEVE  
Address: 1212 SOUTH 7TH STREET  
City-St-Zip: LEESBURG, FL 34748 US

Title: D  
Name: PADGETT, GARY  
Address: P.O. BOX 492241  
City-St-Zip: LEESBURG, FL 34749

Title: DS  
Name: STIVENDER, FRANK  
Address: P.O. BOX 490152  
City-St-Zip: LEESBURG, FL 34749

Title: DP  
Name: CLARK, GREG  
Address: 8843 HIGHWAY 441  
City-St-Zip: LEESBURG, FL 34748

I hereby 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 all other like empowered.

SIGNATURE: STEVE KNOWLES

D

03/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date