

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732265

FILED  
Apr 09, 2004  
Secretary of State

Entity Name: BIG RED QUARTERBACK CLUB, INC.

**Current Principal Place of Business:**

NORTH FORT MYERS HIGH SCHOOL  
5000 ORANGE GROVE BLVD.  
N. FT. MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

NORTH FORT MYERS HIGH SCHOOL  
5000 ORANGE GROVE BLVD.  
N. FT. MYERS, FL 33903

**New Mailing Address:**

FEI Number: 59-1702092

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BALLARD, DANNY G  
9521 LITTLETAN RD.  
FORT MYERS, FL 33903

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

FRANKLIN, MICKY  
313 SE 1ST AVE  
CAPE CORAL, FL 33990

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: MICKY FRANKLIN

04/09/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: FESTA, ANTHONY  
Address: 209 SE 35TH STREET  
City-St-Zip: CAPE CORAL, FL 33991

Title: T ( ) Delete  
Name: SPIRES, LISA  
Address: 8160 PENNY DR.  
City-St-Zip: FORT MYERS, FL 33917

Title: S ( ) Delete  
Name: GOFF, PEGGY  
Address: 1825 SE 1ST TERR  
City-St-Zip: CAPE CORAL, FL 33991

Title: PD (X) Delete  
Name: BALLARD, DANNY  
Address: 9521 LITTLETON RD.  
City-St-Zip: FORT MYERS, FL 33903

Title: D (X) Delete  
Name: BALLARD, DEBRA  
Address: 9521 LITTLETON RD  
City-St-Zip: N. FORT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: ABDO, ALBERT  
Address: 3911 HIDDEN ACRES CIR.  
City-St-Zip: N. FT. MYERS, FL 33903

Title: T (X) Change ( ) Addition  
Name: BATEMAN, LORRY  
Address: 1623-14 RED CEDAR DR.  
City-St-Zip: N. FORT MYERS, FL 33907

Title: S (X) Change ( ) Addition  
Name: HELIN, TRACY  
Address: 8792 KODIAK LN.  
City-St-Zip: ST. JAMES CITY, FL 33956

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 for the exemption stated in Section 119.07(3)(i), 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: MICKY FRANKLIN

RA

04/09/2004

Electronic Signature of Signing Officer or Director

Date