


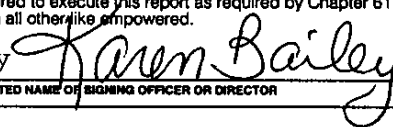


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90500 009 ****61.25

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|---|---|---|---|--|--|
| DOCUMENT # 732265 1. Entity Name BIG RED QUARTERBACK CLUB, INC. | | | |  | |
| Principal Place of Business NORTH FORT MYERS HIGH SCHOOL 5000 ORANGE GROVE BLVD. N. FT. MYERS, FL 33903 | | | Mailing Address NORTH FORT MYERS HIGH SCHOOL 5000 ORANGE GROVE BLVD. N. FT. MYERS, FL 33903 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 4129 Suite, Apt. #, etc. | |  | |
| City & State | | City & State N. Ft. Myers, FL | | 03312005 Chg-NP CR2E037 (10/03) | |
| Zip | | Country | | 4. FEI Number 59-1702092 | |
| 33918 | | U.S. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FRANKLIN, MICKY 313 SE 1ST AVE CAPE CORAL, FL 33990 | | | | 7. Name and Address of New Registered Agent Name Michael Duff Street Address (P.O. Box Number is Not Acceptable) 1314 SE 21st Ave. City Cape Coral, FL Zip 33990 | |
| 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 <u>Michael Duff</u>  <u>4/7/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP ABDO, ALBERT 3911 HIDDEN ACRES CIR. N. FT. MYERS, FL 33903 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T BATEMAN, LORRY 1623-14 RED CEDAR DR. N. FORT MYERS, FL 33907 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S HELIN, TRACY 8792 KODIAK LN. ST. JAMES CITY, FL 33956 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S Karen Bailey 1811 NE 2nd St. Cape Coral, FL 33909 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S Karen Bailey 1811 NE 2nd St. Cape Coral, FL 33909 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Karen Bailey</u>  <u>4/27/2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |