2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

DOCUMENT # 732265 1. Entity Name BIG RED QUARTERBACK CLUB, INC.						04-24-200	8 90104 02	27 ****(61.25
Principal Place of Business NORTH FORT MYERS HIGH SCHOOL 5000 ORANGE GROVE 8LVD. NORTH FORT MYERS, FL 33903 Mailing Address P.O. BOX 4129 NORTH FORT MYERS, FL 33				8			1 81811 21811 8 4811 9		
Principal Place of Business - No P.O. Box # Mailing Address			ss					i ii iii ii i	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			Chg-NP	CR2E037	(12/06)	
City & State		City & State			4. FEI Number 59-1702				plied For t Applicable
Zip	Country	Zip	Соц	untry	5. Certificate of	of Status Desired		3.75 Add e Require	
	6. Name and Address of Curren	t Registered Agent	- '		7. Name and	Address of New F	Registered Age	nt	
DICH IAD	0./18			Name					
RICH, JARVIS 339 PINE ISLAND RD NORTH FORF MYERS, FL 33903				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	9
	named entity submits this statement fions of registered agent.	for the purpose of cha	nging its register	ed office or re	registered agent, or both	, in the State of Fl	orida. I am fam	niliar with,	and accept
SIGNATURE .						·			
•	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registere	d Agent signature	e required when reinstating)	्र है अस्ट्र	DATE		\$ 10
	Signature, typed or printed name of registered ages Filling Fee is \$61.25 Due by May 1, 2008	9. Elec	(NOTE: Registere ction Campaign F st Fund Contribut	inancing _	\$5.00 May Be	, N	lake check p		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4-22-08 x239