2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732265

FILED Feb 27, 2009 Secretary of State

Entity Name: BIG RED QUARTERBACK CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

P.O. BOX 4129

NORTH FORT MYERS, FL 33918

FEI Number: 59-1702092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RICH, JARVIS GARDNER, TIM
339 PINE ISLAND RD 2719 NW 8TH PL

NORTH FORT MYERS, FL 33903 US CAPE CORAL, FL 33993 US

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: TIM GARDNER 02/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: P (X) Change () Addition

 Name:
 GARDNER, TIM
 Name:
 GARDNER, TIM

 Address:
 2719 NW 8TH PL
 Address:
 2719 NW 8TH PL

 City-St-Zip:
 CAPE CORAL, FL 33993
 City-St-Zip:
 CAPE CORAL, FL 33993

 $\label{eq:title:S} {\sf Title:} \qquad {\sf VP} \qquad {\sf (X) Change () Addition}$

 Name:
 HELIN, TRACY
 Name:
 SCHMIT, CARL

 Address:
 8792 KODIAK LN
 Address:
 PO BOX 4129

 City-St-Zip:
 SAINT JAMES CITY, FL 33956
 City-St-Zip:
 N FT MYERS, FL 33918

Title: Title: T () Change (X) Addition

 Name:
 Name:
 MCINTOSH, DEBBIE

 Address:
 Address:
 PO BOX 4129

 City-St-Zip:
 City-St-Zip:
 N FT MYERS, FL 33918

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 HARPER, LORI

 Address:
 Address:
 PO BOX 4129

 City-St-Zip:
 City-St-Zip:
 N FT MYERS, FL 33918

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TIM GARDNER PRES 02/27/2009