

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 752827

Corporation Name

JACKSONVILLE QUARTERBACK CLUB, INC.

Principal Place of Business

0 N LAURA ST  
J2925  
JACKSONVILLE FL 32202

Mailing Address

50 N LAURA ST  
J2925  
JACKSONVILLE FL 32202

FILED  
Jul 09, 1999 8:00 am  
Secretary of State

07-09-1999 90002 021 \*\*\*\*61.25



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1980	
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2040644	
City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	

9. Name and Address of Current Registered Agent

MC MENAMY, WILLIAM B.  
50 N LAURA ST  
J2925  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD NIMNIGHT, III BILLIE 150 CASSAT AVENUE JACKSONVILLE FL 32210	1.1 TITLE	VD NIMNIGHT
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	PD SLAPPEY, MARK 4661 EMPIRE AVE JACKSONVILLE FL 32207	2.1 TITLE	D SLAPPEY
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	D ROSENBLUM, RICHARD M 1709 CORNELL RD JACKSONVILLE FL 32207	3.1 TITLE	D James J. Mintz 2324 Post St. Jacksonville, FL 32204
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	VD STONER, LYNN W. 13770 PLEASANT VALLEY DR. JACKSONVILLE FL	4.1 TITLE	PD STONER
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	D JONES, HAROLD 2203 SMULLIAN TRAIL N. JACKSONVILLE FL 32217	5.1 TITLE	TD JONES
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E037 (11/98)