


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # 752827</b><br>1. Entity Name<br><b>JACKSONVILLE QUARTERBACK CLUB, INC.</b> |  |
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| Principal Place of Business<br><b>50 N LAURA ST<br/>S2925<br/>JACKSONVILLE, FL 32202</b> | Mailing Address<br><b>50 N LAURA ST<br/>S2925<br/>JACKSONVILLE, FL 32202</b> |
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01042006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number<br><b>59-2040644</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | \$8.75 Additional Fee Required                         |

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|---|
| 6. Name and Address of Current Registered Agent<br><br><b>MCMENAMY, WILLIAM B.<br/>50 N LAURA ST<br/>S2925<br/>JACKSONVILLE, FL 32202</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | <b>000000413913<br/>02/11/06-80013-013 61.25</b> |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>GATES, DAVID<br/>9440 PRESTON TRAIL W.<br/>PONTE VEDRA BEACH, FL 32082</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>BEAUDOIN, RICHARD<br/>12620 FLYNN ROAD<br/>JACKSONVILLE, FL 32223</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RUPP, BRADLEY R<br/>12202 MAYORS DRIVE<br/>JACKSONVILLE, FL 32223</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:** DAVID GATES DAVID GATES 1-31-06 904-9989994  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #