

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752827

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: JACKSONVILLE QUARTERBACK CLUB, INC.

**Current Principal Place of Business:**

50 N LAURA ST  
S2925  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

50 N LAURA ST  
S2925  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 59-2040644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCMENAMY, WILLIAM B.  
50 N LAURA ST  
S2925  
JACKSONVILLE, FL 32202 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: GATES, DAVID  
Address: 9440 PRESTON TRAIL W.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD ( ) Delete  
Name: BEAUDOIN, RICHARD  
Address: 12620 FLYNN ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: RUPP, BRADLEY R  
Address: 12202 MAYORS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GATES, DAVID  
Address: 9440 PRESTON TRAIL W.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Change ( ) Addition  
Name: BEAUDOIN, RICHARD  
Address: 12620 FLYNN ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD ( ) Change (X) Addition  
Name: GINDER, ALLEN W III  
Address: 13112 WEXFORD HOLLOW RD. N  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD ( ) Change (X) Addition  
Name: STORY, DREW H  
Address: 4635 ORTEGA FARMS BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

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: WILLIAM B. MCMENAMY

RA

04/30/2008

Electronic Signature of Signing Officer or Director

Date