2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 752827

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: SEC ( ) Change (X) Addition
Name: SCAGGS, WILLIAM T
Address: 768 SOUTH LILAC LOOP
City-St-Zip: JACKSONVILLE, FL 32259

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 SCAGGS SEC 03/20/2009

Electronic Signature of Signing Officer or Director — Date