2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006
Secretary of State

DOCUMENT# 757719

Entity Name: GULF BREEZE QUARTERBACK CLUB, INC.

Current Principal Place of Business:

P.O. BOX 564
GULF BREEZE, FL 32562

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 564
GULF BREEZE, FL 32562

New Mailing Address:

FEI Number: 16-1696155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GROSS, TERRENCE A
917 N PALAFOX ST
PENSACOLA, FL 32501 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: PD ( ) Delete
Name: SHARP, BOB
Address: 703 SOUTHERN CT
City-St-Zip: GULF BREEZE, FL 32561

Title: VD ( ) Delete
Name: PUGH, RON
Address: 1134 JAQUAR CIR
City-St-Zip: GULFBREEZE, FL 32563

Title: TD ( ) Delete
Name: BRUNTY, MICHELLE
Address: 3164 AUBURN PKWY
City-St-Zip: GULF BREEZE, FL 32563

Title: SD ( ) Delete
Name: KIRBY, LAURA
Address: 2748 SUNRUNNER LANE
City-St-Zip: GULF BREEZE, FL 32563

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELLE BRUNTY TD 05/08/2006

Electronic Signature of Signing Officer or Director — Date