

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006184

FILED  
Mar 07, 2009  
Secretary of State

Entity Name: NAVARRE RAIDERS QUARTERBACK CLUB, INC.

## Current Principal Place of Business:

8600 HIGH SCHOOL BLVD  
NAVARRE, FL 32566

## New Principal Place of Business:

8600 HIGH SCHOOL BLVD  
NAVARRE, FL 32566 US

## Current Mailing Address:

PO BOX 5987  
NAVARRE, FL 32566

## New Mailing Address:

PO BOX 5987  
NAVARRE, FL 32566 US

FEI Number: 59-3674041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOUSEHOLDER, MICHAEL J  
2562 2ND COURT  
NAVARRE, FL 32566 US

## Name and Address of New Registered Agent:

UNTERBRINK, AMANDA S  
2649 BLACK GUM CIRCLE  
NAVARRE, FL 32566 US

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: AMANDA S UNTERBRINK

03/07/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOUSEHOLDER, MICHAEL J  
Address: 2562 2ND COURT  
City-St-Zip: NAVARRE, FL 32566

Title: VD ( ) Delete  
Name: CHANDLER, JANIE M  
Address: 8199 BRANSTON DRIVE  
City-St-Zip: NAVARRE, FL 32566

Title: TR ( ) Delete  
Name: UNTERBRINK, AMANDA S  
Address: 2649 BLACK GUM CIRCLE  
City-St-Zip: NAVARRE, FL 32566

Title: SEC ( ) Delete  
Name: LOCKWOOD, DENISE R  
Address: 2016 PINE RANCH DRIVE  
City-St-Zip: NAVARRE, FL 32566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: VENEGAS, ELIJIO J  
Address: 1918 EDGEWOOD DR  
City-St-Zip: NAVARRE, FL 32566 US

Title: VPD (X) Change ( ) Addition  
Name: WILLIAMS, PHILLIP  
Address: 10005 VIA GRANDE  
City-St-Zip: NAVARRE, FL 32566 US

Title: T (X) Change ( ) Addition  
Name: UNTERBRINK, AMANDA S  
Address: 2649 BLACK GUM CIRCLE  
City-St-Zip: NAVARRE, FL 32566 US

Title: S (X) Change ( ) Addition  
Name: HILL, MICHELLE  
Address: 9300 EAST RIVER DR  
City-St-Zip: NAVARRE, FL 32566 US

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: ELIJIO J VENEGAS

PRES

03/07/2009

Electronic Signature of Signing Officer or Director

Date