

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008404

FILED
Mar 19, 2008
Secretary of State

Entity Name: FORT WHITE QUARTERBACK CLUB, INC.

Current Principal Place of Business:

281 SW LAGUNA GLN
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

PO BOX 204
FT WHITE, FL 32038

New Mailing Address:

FEI Number: 59-3685604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARNELL, APRIL D
281 SW LAGUNA GLN
LAKE CITY, FL 32024 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: DP () Delete
Name: GILMER, SCOTT
Address: 441 SE FOREST TERRACE
City-St-Zip: LAKE CITY, FL 32025

Title: DS () Delete
Name: BUTLER, AMY
Address: 465 SW KELTNER COURT
City-St-Zip: FORT WHITE, FL 32038

Title: DT () Delete
Name: PARNELL, APRIL D
Address: 281 SW LAGUNA GLN
City-St-Zip: LAKE CITY, FL 32024

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:

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: APRIL D. PARNELL

DT

03/19/2008

Electronic Signature of Signing Officer or Director

Date