

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002847

FILED
Mar 29, 2009
Secretary of State

Entity Name: RUTHERFORD RAMS QUARTERBACK CLUB, INC.

Current Principal Place of Business:

1000 SCHOOL RD
SPRINGFIELD, FL 32401

New Principal Place of Business:

Current Mailing Address:

P O BOX 6791
CALLAWAY, FL 32404

New Mailing Address:

FEI Number: 31-1798693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARHAM, KAREN D
221 S MARY ELLA AVE
PANAMA CITY, FL 32404 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: PARHAM, KAREN D
Address: 221 S MARY ELLA AVE
City-St-Zip: CALLAWAY, FL 32404

Title: DV () Delete
Name: DANIELS, BEVERLY
Address: 1724 S KIMBREL AVE.
City-St-Zip: PANAMA CITY, FL 32404

Title: SD () Delete
Name: FISHER, JEANEANE
Address: 915 LEE COURT
City-St-Zip: PANAMA CITY, FL 32404

Title: TD () Delete
Name: DEGRAFF, DIANA
Address: 234 S JAN DR
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: MELISSA, PIETTE
Address: 805 BOB LITTLE RD
City-St-Zip: PANAMA CITY, FL 32404

Title: SD (X) Change () Addition
Name: WILSON, DIANE
Address: 2818 KRYSTAL LEIGH CT
City-St-Zip: PANAMA CITY, FL 32405

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: DIANA DEGRAFF

TD

03/29/2009

Electronic Signature of Signing Officer or Director

Date