

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90002 028 *****70.00

DOCUMENT # N01000007224					
1. Entity Name ESCAMBIA HIGH SCHOOL QUARTERBACK CLUB, INC.					
Principal Place of Business 1310 N 65TH AVE PENSACOLA, FL 32506			Mailing Address 1310 N 65TH AVE PENSACOLA, FL 32506		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3233962				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETTERS, RAY 1310 N 65TH AVE PENSACOLA, FL 32506			7. Name and Address of New Registered Agent Name <u>Ronald Gilliland</u> Street Address (P.O. Box Number is Not Acceptable) <u>1310 N 65th Ave</u> City <u>Pensacola</u> <u>FL</u> Zip Code <u>32506</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Jewel Fuller</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>8/18/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME ETTERS, RAY STREET ADDRESS 29 E SRANT DR CITY-ST-ZIP PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete		TITLE D NAME Ronald Gilliland STREET ADDRESS 1310 N 65th Ave CITY-ST-ZIP Pensacola FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME NESMITH, DONALD R STREET ADDRESS 318 PALOMINO CIRCLE CITY-ST-ZIP PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete		TITLE P NAME Jon Thorsen STREET ADDRESS 501 North 20th Ave CITY-ST-ZIP Pensacola FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME GIRTON, WILMA STREET ADDRESS 2071 SILVERADO COURT CITY-ST-ZIP PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete		TITLE DAN NAME Harwell STREET ADDRESS 10437 Walukur Dr CITY-ST-ZIP Pensacola FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FULLER, JEWEL STREET ADDRESS 208 CITRUS AVE CITY-ST-ZIP PENSACOLA, FL 32506	<input type="checkbox"/> Delete		TITLE V NAME Ronda Bond STREET ADDRESS 119 Elm Street CITY-ST-ZIP Pensacola, FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME MAYORCA, ANDREW STREET ADDRESS 308 NORTH 58TH AVE CITY-ST-ZIP PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete		TITLE S NAME LAMPLEY, DAVID STREET ADDRESS 10707 SILVERCREEK DR CITY-ST-ZIP PENSACOLA, FL 32506	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jewel Fuller</u> <u>Jewel Fuller</u> <u>8/18/06</u> <u>8504553928</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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