

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003035

FILED
Aug 07, 2006
Secretary of State

Entity Name: PINE FOREST HIGH SCHOOL QUARTERBACK CLUB, INC.

Current Principal Place of Business:

2500 LONGLEAF DR
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

2500 LONGLEAF DR
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 30-0134855 **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:

OEHRLE, SCOTT
2500 LONGLEAF DR
PENSACOLA, FL 32526 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: OEHRLE, SCOTT
Address: 6862 CEDAR LAKE DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: DV () Delete
Name: HARWELL, MIKE
Address: 3231 WINDJAMMER CT.
City-St-Zip: PENSACOLA, FL 32526

Title: DS () Delete
Name: ROSS, ANN
Address: 2864 MANDEVILLE LANE
City-St-Zip: PENSACOLA, FL 32526

Title: DT () Delete
Name: VINYARD, DON
Address: 2712 EUREKA DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: CLAY, RON
Address: 7038 BELGIUM CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: ROSS, GEORGE
Address: 2864 MANDEVILLE LANE
City-St-Zip: PENSACOLA, FL 32526

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:

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: DON VINYARD

DT

08/07/2006

Electronic Signature of Signing Officer or Director

Date