

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1990



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04647** (6)

1. Corporation Name

SOUTH DADE QUARTERBACK CLUB, INC.



Principal Place of Business

Mailing Address

P.O. BOX 901732
HOMESTEAD FL 33090
US

P.O. BOX 901732
HOMESTEAD FL 33090
US

3. Date Incorporated or Qualified
08/10/1984

3a. Date of Last Report
09/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
23-0025281

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELY, TIMOTHY R
16521 SW 594 TR
HOMESTEAD FL 33033**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
NAME **ELY, TIMOTHY R.**
STREET ADDRESS **16521 S.W. 294**
CITY-ST-ZIP **HOMESTEAD FL 33033**

1.1 TITLE **P** Change Addition
1.2 NAME **DEBBYE BINDER**
1.3 STREET ADDRESS **16900 SW 236 ST.**
1.4 CITY-ST-ZIP **HOMESTEAD, FL 33023**

TITLE **VP** DELETE
NAME **BINDER, DEBRA I**
STREET ADDRESS **16521 SW 294 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33033**

2.1 TITLE **VP** Change Addition
2.2 NAME **SCOTT BINDER**
2.3 STREET ADDRESS **16900 SW 236 ST**
2.4 CITY-ST-ZIP **HOMESTEAD, FL 33023**

TITLE **T** DELETE
NAME **BROUGHTON, WILLIAM K**
STREET ADDRESS **27701 SW 164 AVE**
CITY-ST-ZIP **HOMESTEAD FL 33031**

3.1 TITLE **D** Change Addition
3.2 NAME **ANA MENENDEZ**
3.3 STREET ADDRESS **23401 SW 167 AVE**
3.4 CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE **DS** DELETE
NAME **BOGGS, COLLEEN**
STREET ADDRESS **16300 SW 184 ST**
CITY-ST-ZIP **MIAMI FL 33187**

4.1 TITLE **D** Change Addition
4.2 NAME **DON DRINKHANN**
4.3 STREET ADDRESS **23401 SW 167 AVE**
4.4 CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE **D** DELETE
NAME **WARING PEGGY**
STREET ADDRESS **22640 S.W. 172 CT.**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE **D** Change Addition
5.2 NAME **TONY MENENDEZ**
5.3 STREET ADDRESS **23401 SW 167 AVE**
5.4 CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE **D** DELETE
NAME **AMES SANDRA**
STREET ADDRESS **25500 SW 162 AVE.**
CITY-ST-ZIP **HOMESTEAD FL**

6.1 TITLE **900001867039** Change Addition
6.2 NAME **-06/19/96--01059--013**
6.3 STREET ADDRESS *****61.25**
6.4 CITY-ST-ZIP **CS 6/18/96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

[Handwritten Date] 4/15/96 (805) 233-5501
Date Daytime Phone #

CR2E037 (12/95)