

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 17 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> - Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # NO4647 (6)**  
1. Corporation Name  
**SOUTH DADE QUARTERBACK CLUB, INC.**



Principal Place of Business <b>P.O. BOX 901732 HOMESTEAD FL 33090 US</b>	Mailing Address <b>P.O. BOX 901732 HOMESTEAD FL 33090 US</b>
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3. Date Incorporated or Qualified <b>08/10/1984</b>	
4. FEI Number <b>23-0025281</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**ELY, TIMOTHY R  
16521 SW 594 TR  
HOMESTEAD FL 33033**

10. Name and Address of New Registered Agent  
**81 Name Robert E Moehling  
82 Street Address (P.O. Box Number is Not Acceptable) 34815 Country Club Road  
83  
84 City Homestead FL 85 Zip Code 33034**

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 or 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: *Robert Moehling* DATE: **2.5.98**

12. OFFICERS AND DIRECTORS		DELETED
TITILE	<b>T</b>	<input checked="" type="checkbox"/>
NAME	<b>MARSHALL, CATHY</b>	
STREET ADDRESS	<b>25386 S.W. 133 CT</b>	
CITY-ST-ZIP	<b>PRINCETON FL</b>	
TITILE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>MENENDEZ, ANA</b>	
STREET ADDRESS	<b>28401 SW 187 AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33033</b>	
TITILE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>DRINKHAHN, DON</b>	
STREET ADDRESS	<b>28401 SW 187 AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33033</b>	
TITILE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>MENENDEZ, TONY</b>	
STREET ADDRESS	<b>28401 SW 187 AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33033</b>	
TITILE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITILE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>President (D)</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>ROBERT E. MOEHLING</b>		
1.3 STREET ADDRESS	<b>34815 COUNTRY CLUB ROAD - Pres.</b>		
1.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33034</b>		
2.1 TITLE	<b>V-Pres Nancy Piero (D)</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Nancy Piero</b>		
2.3 STREET ADDRESS	<b>18300 SW 292 St</b>		
2.4 CITY-ST-ZIP	<b>Homestead FL 33030</b>		
3.1 TITLE	<b>Secretary (D)</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Caprice Freeman</b>		
3.3 STREET ADDRESS	<b>2806 San Remo Circle</b>		
3.4 CITY-ST-ZIP	<b>Homestead FL 33035</b>		
4.1 TITLE	<b>TREASURER (T)</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>JUDITH L. TURNER</b>		
4.3 STREET ADDRESS	<b>24575 SW 193 AV</b>		
4.4 CITY-ST-ZIP	<b>HST FL. 33031</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *apkaia* *See* DATE: **2.5.98 305-247-0721**

CR2E037 (10/97)