

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04647

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: SOUTH DADE QUARTERBACK CLUB, INC.

**Current Principal Place of Business:**

16740 SW 288 ST  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 901058  
HOMESTEAD, FL 33090

**New Mailing Address:**

FEI Number: 23-0025281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DULEVICH, DONALD  
32404 SW 203 CT  
HOMESTEAD, FL 33031 US

**Name and Address of New Registered Agent:**

MERTENS, CAROL  
1735 N.W. 9TH AVE  
HOMESTEAD, FL 33030 US

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: CAROL MERTENS

01/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: DULEVICH, DONALD  
Address: 32404 SW 203 CT  
City-St-Zip: HOMESTEAD, FL 33030

Title: VP (X) Delete  
Name: MERTENS, CAROL  
Address: 1735 NW 9 AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: TRES (X) Delete  
Name: DULEVICH, MICHELLE  
Address: 32404 SW 203 CT  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MERTENS, CAROL  
Address: 1735 N.W. 9TH AVENUE  
City-St-Zip: HOMESTEAD, FL 33030 US

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 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: CAROL MERTENS

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date