2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# N05000004144

Entity Name: BHS QUARTERBACK CLUB, INC.

Current Principal Place of Business:

18883 NE ROY GOLDEN RD
BLOUNTSTOWN, FL 32424

New Principal Place of Business:

Current Mailing Address:

18883 NE ROY GOLDEN RD
BLOUNTSTOWN, FL 32424

New Mailing Address:

FEI Number: 20-2723593 **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:

RICHARDS, JOHN T
18883 NE ROY GOLDEN RD
BLOUNTSTOWN, FL 32424 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: DIR ( ) Delete
Name: RICHARDS, JOHN T
Address: 18883 NE ROY GOLDEN RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: DIR ( ) Delete
Name: HOWELL, CHARLES R JR.
Address: 24346 NE DR. MW ELDRIDGE RD.
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: DIR ( ) Delete
Name: FRYE, GERALD
Address: 20703 NE JOHN G. BRYANT RD.
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: DIR ( ) Delete
Name: JOHNSON, RICK
Address: 19489 NE BARTON CEMETARY RD.
City-St-Zip: ALTHA, FL 32421

Title: DIR ( ) Delete
Name: DEVUYST, MICHAEL
Address: 20309 NE HENTZ AVE.
City-St-Zip: BLOUNTSTOWN, FL 32424

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:

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: JOHN T RICHARDS DIR 07/09/2007

Electronic Signature of Signing Officer or Director — Date