2008

CORPORATION ANNUAL REPORT

FILED Jan 07, 2008 Secretary of State

DOCUMENT# N08000000383

Entity Name: JAY QUARTERBACK CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

JAY HIGH SCHOOL 13863 ALABAMA STREET JAY, FL 32565

Current Mailing Address: New Mailing Address:

P.O. BOX 1004 JAY, FL 32565

FEI Number: 20-3669032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RANEY, SHIRLEY 5050 DOGWOOD LN JAY, FL 32565 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 LANEY, TIMOTHY R
 Name:
 BUSH, DAVID

 Address:
 13195 CHUMUCKLA HIGHWAY
 Address:
 P O BOX 845

 City-St-Zip:
 JAY, FL 32565
 City-St-Zip:
 JAY, FL 32565

Title: VP () Delete Title: () Change () Addition

 Name:
 FISCHER, JEFF
 Name:

 Address:
 5267 HIDDEN TRAIL CIRLCLE
 Address:

 City-St-Zip:
 JAY, FL 32565
 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

 Name:
 RANEY, SHIRLEY
 Name:

 Address:
 5050 DOGWOOD LN
 Address:

 City-St-Zip:
 JAY, FL 32565
 City-St-Zip:

Title: TRES () Delete Title: () Change () Addition

 Name:
 ASHWORTH, SHEILA
 Name:

 Address:
 3700 LEWIS RD
 Address:

 City-St-Zip:
 MILTON, FL 32570
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA ASHWORTH TRES 01/07/2008