

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002921

FILED  
Jul 17, 2009  
Secretary of State

**Entity Name:** QUARTERBACK CLUB OF FROSTPROOF, INC.

**Current Principal Place of Business:**

28 "C" STREET  
FROSTPROOF, FL 33843

**New Principal Place of Business:**

28  
FROSTPROOF, FL 33843

**Current Mailing Address:**

P O BOX 1164  
FROSTPROOF, FL 33843

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

MAXWELL, STEVE  
28 "C" STREET  
FROSTPROOF, FL 33843 US

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

MAXWELL, STEVE  
28  
FROSTPROOF, FL 33843 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: JOEL ANTHONY JENKINS

07/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SAIEZ, MARK  
Address: POST OFFICE BOX 1164  
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete  
Name: BRITT, TROY  
Address: POST OFFICE BOX 1164  
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete  
Name: JENKINS, THERESA  
Address: POST OFFICE BOX 1164  
City-St-Zip: FROSTPROOF, FL 33843

**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:

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: JOEL ANTHONY JENKINS

TREA

07/17/2009

Electronic Signature of Signing Officer or Director

Date