

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009688

FILED
Mar 23, 2009
Secretary of State

Entity Name: JACKSONVILLE QUARTERBACK CLUB FOUNDATION, INC.

Current Principal Place of Business:

50 NORTH LAURA STREET SUITE 2925
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

PO BOX 47648
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 26-3630990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMENAMY, WILLIAM B
50 NORTH LAURA STREET SUITE 2925
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

SCAGGS, WILLIAM T
768 SOUTH LILAC LOOP
JACKSONVILLE, FL 32259 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: WILLIAM SCAGGS

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCMENAMY, WILLIAM B
Address: 50 NORTH LAURA STREET SUITE 2925
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: GINDER, ALLEN W
Address: 13112 WEXFORD HOLLOW ROAD N
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: RUPP, BRADLEY R
Address: 12202 MAYORS DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: STORY, DREW H
Address: 4635 ORTEGA FARMS CIRCLE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: PARSONS, JEFFREY A
Address: 3939 CEDAR ISLAND ROAD EAST
City-St-Zip: JACKSONVILLE, FL 32250

Title: D () Delete
Name: GILBERT, STEVEN L
Address: 8746 AUTUMN GREEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

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:

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: WILLIAM SCAGGS

RA

03/23/2009

Electronic Signature of Signing Officer or Director

Date