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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:10

DOCUMENT # N08184 (6)

1. Corporation Name
QUARTERBACK CLUB OF ST. PETERSBURG, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
500 94TH AVE N P.O. BOX 3011 ST PETERSBURG FL 33731	500 94TH AVE N P.O. BOX 3011 ST PETERSBURG FL 33731

3. Date Incorporated or Qualified: 03/15/1985
3a. Date of Last Report: 06/23/1994
4. FEI Number: 59-2553759 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WELLS, PETER B.
500 94TH AVE N
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Peter B. Wells PETER B. WELLS TREASURER 1-26-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	LANEFORD, RICHARD O.	1.2 NAME	LANGFORD, RICHARD D.	
STREET ADDRESS	P.O. BOX 3706 N/A	1.3 STREET ADDRESS	P.O. BOX 3706	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33731	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	JOSEPH T. LETTELLEIR	2.2 NAME	NICHOLAS J. MONTI	
STREET ADDRESS	944 39TH AVENUE N.	2.3 STREET ADDRESS	6633 GREENBRIER DRIVE	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33641	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	NICHOLAS J. MONTI	3.2 NAME	WILLIAM J. RHODES	
STREET ADDRESS	6633 GREENBRIER DRIVE	3.3 STREET ADDRESS	635 4TH ST. N.	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	VD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	CHARLES W. ERHLICH	4.2 NAME	J. MARK STROUD	
STREET ADDRESS	1811 BRIARWATERS BLVD NE	4.3 STREET ADDRESS	696 1ST AVENUE N, SUITE 203	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	PETER WELLS	5.2 NAME	PETER B. WELLS	
STREET ADDRESS	500 94TH AVENUE N.	5.3 STREET ADDRESS	500 94TH AVENUE N.	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	DONALD L. GRANT	6.2 NAME	JOSEPH T. LETTELLEIR	
STREET ADDRESS	235 CENTRAL AVENUE, SUITE	6.3 STREET ADDRESS	944 39TH AVENUE N.	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter B. Wells PETER B. WELLS TREASURER 1-26-95 (813) 578-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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