

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N23309 (0)

1. Corporation Name

THE MILTON HIGH SCHOOL QUARTERBACK CLUB, INC.



Principal Place of Business

Mailing Address

P.O. BOX 171
MILTON FL 32570
US

P.O. BOX 171
MILTON FL 32570
US

3. Date Incorporated or Qualified
11/03/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Milton, Fla - Milton
Suite, Apt. #, etc.
22 High School

26 P.O. Box 171
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 32570

25 Country Santa Rosa

29 Zip 32572

30 Country Santa Rosa

4. FEI Number
59-2863786

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAM, WAYNE B
6530 MUNSON HIGHWAY
MILTON FL 32570

Correction →

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Same William Wayne Blocker
6530 Munson Hwy

Milton, Florida

FL

85 Zip Code 32570

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE William Wayne Blocker William Wayne Blocker, President, MHS Quarterback Club

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 PD
NAME BLOCKER, WILLIAM
STREET ADDRESS 6530 MUNSON HIGHWAY
CITY-ST-ZIP MILTON FL ☐ DELETE

1.1 TITLE President-D ☐ Change ☐ Addition
1.2 NAME Same
1.3 STREET ADDRESS Same
1.4 CITY-ST-ZIP

TITLE VP
NAME BROCK, JAMES B
STREET ADDRESS 402 SANDERS STREET
CITY-ST-ZIP MILTON FL ☒ DELETE

2.1 TITLE Carol Grinstead ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 5792 Pebble Ridge Dr.
2.4 CITY-ST-ZIP Milton, FL 32583

TITLE TD
NAME JORDAN, MARY G
STREET ADDRESS 105 COMBS STREET
CITY-ST-ZIP MILTON FL ☐ DELETE

3.1 TITLE TD - D ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS Same
3.4 CITY-ST-ZIP

TITLE SD
NAME JOYNER, LEIGH
STREET ADDRESS 5424 BRANDON STREET
CITY-ST-ZIP MILTON FL ☐ DELETE

4.1 TITLE SD ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS Same
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

Mary G. Jordan / Mary G. Jordan

4/20/96

904-623-8705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)