


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23309** (0)  
1. Corporation Name  
**THE MILTON HIGH SCHOOL QUARTERBACK CLUB, INC.**



Principal Place of Business <b>MILTON HIGH SCHOOL MILTON FL 32570 US</b>	Mailing Address <b>P.O. BOX 171 MILTON FL 32572-0171 US</b>
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3. Date Incorporated or Qualified <b>11/03/1987</b>	3a. Date of Last Report <b>06/06/1996</b>
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2. Principal Place of Business <b>21 103 North Stewart Street</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 P. O. Box 171, Milton</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Milton, Florida 32570</b>	City & State <b>28 Milton, Florida 32572</b>
Zip <b>24 32570</b>	Country <b>25 USA</b>
Zip <b>29 32572</b>	Country <b>30 USA</b>

4. FEI Number <b>59-2863786</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**WILLIAM, WAYNE B  
6530 MUNSON HIGHWAY  
MILTON FL 32570**

10. Name and Address of New Registered Agent

81 Name <b>Carol Grinstead</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5792 Pebble Ridge Drive</b>
83 <b>Milton, Florida 32583</b>
84 City <b>Milton</b> <b>FL</b> 85 Zip Code <b>32583</b>

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 *Mary G Jordan*

March 10, 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BLOCKER, WILLIAM</b>	
STREET ADDRESS <b>6530 MUNSON HIGHWAY</b>	
CITY-ST-ZIP <b>MILTON FL</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GRINSTEAD, CAROL</b>	
STREET ADDRESS <b>5792 PEBBLE RIDGE DRIVE</b>	
CITY-ST-ZIP <b>MILTON FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>JORDAN, MARY G</b>	
STREET ADDRESS <b>105 COMBS STREET</b>	
CITY-ST-ZIP <b>MILTON FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>JOYNER, LEIGH</b>	
STREET ADDRESS <b>5424 BRANDON STREET</b>	
CITY-ST-ZIP <b>MILTON FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Carol Grinstead</b>	
1.3 STREET ADDRESS <b>5792 Pebble Ridge Drive</b>	
1.4 CITY-ST-ZIP <b>Milton, FL 32583</b>	
2.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Rick L. Ueberroth</b>	
2.3 STREET ADDRESS <b>7651 Shiner Avenue</b>	
2.4 CITY-ST-ZIP <b>Milton, Florida 32583</b>	
3.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>SAME - NO CHANGE</b>	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>SAME - NO CHANGE</b>	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *Mary G Jordan*

3/10/97 904-982-1036

CR2E037 (9/96)