FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P. O. Box 171, Milton

30

32572

Country

USA

1997

DOCUMENT #

N23309

(0)

THE MILTON HIGH SCHOOL QUARTERBACK CLUB, INC.

32570

USA

9. Name and Address of Current Registered Agent

MacrobilDave

Country

MILTON HIGH SCHOOL MILTON FL 32570

Sulte, Apt. #, etc

City & State

22

Principal Place of Business

2. Principal Place of Business

23 Milton, Florida

103 North Stewart Street

25

Mailing Address

P.O. BOX 171 MILTON FL 32572-0171

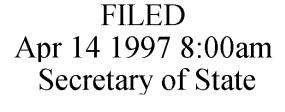
2a. Mailing Address

City & State

Suite, Apt. #, etc.

MIlton, Florida

29





Yes XX No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3a. Date of Last Report

06/06/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

11/03/1987

59-2863786

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

4. FEI Number

WILLIAM, WAYNE B 8530 MUNSON HIGHWAY MILTON FL 32570			82 83	5792 Pebble Ridge Drive					
IMILION	16 060/0		84	City	Iton, Florida 32583 Milton	FL		Code	
11 Purcuent to the provisions of Sections 617 0502 and 617 1508 Florida Statutes the a							changing I	2583	
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 objigations of, Section 617.0503, Florida Statutes.									
SIGNATURE	Mary & Jordan		March 10	, 199	7				
Signature, typed or printed home of require od agent and title if applicable (NOTE Registere				stered Agont signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.	OFFICERS AND DIRECTORS XX DELETE								
TITLE	PD NOVED HELLING	ALA VELETE	1.1 TITLE		PD		∠ M Change	Addition	
NAME	BLOCKER, WILLIAM		1.2 NAME		Carol Grinstead			-	
STREET ADDRESS	6530 MUNSON HIGHWAY		1.3 STREET A	ADDRESS	5792 Pebble Ridge Drive	:			
CITY-ST-ZIP	MILTON FL	PER DELETE	1.4 CITY - ST	- ZIP					
TITLE	VP	XX DELETE	2.1 TITLE		VP	3	Change	Addition	
NAME	GRINSTEAD, CAROL		2.2 NAME		Rick L. Ueberroth			1	
STREET ADDRESS	5792 PEBBLE RIDGE DRIVE		2.3 STREET /	ADDRESS	7651 Shiner Avenue				
CITY-ST-ZIP	MILTON FL		2 4 CITY-ST	1-21P	Milton, Florida 32583	<u> </u>			
TITLE	TD	DELETE	3.1 TITLE		TD		Change	Addition	
NAME	JORDAN, MARY G		3.2 NAME		SAME - NO CHANGE				
STREET ADDRESS	105 COMBS STREET		3.3 STREET A	ADDRESS					
CITY-ST-ZIP	MILTON FL		3.4. CITY-ST	I - ZIP					
TITLE	SD	☐ DELETE	4.1 TITLE		SD		☐ Change	Addition	
NAME [Joyner, Leigh		4. 2 NAME		SAME - NO CHANGE			ſ	
STREET ADDRESS	5424 BRANDON STREET		4.3 STREET A	ADDRESS				ŀ	
CITY-ST-ZIP	MILTON FL		4.4 CITY-ST	- 2 1P					
TITLE		☐ DELETE	5.1 TITLE	-			Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.8 STREET A	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S1	- ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET A	ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST	- 2 1P					
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.									