

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30442

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** COLUMBIA COUNTY QUARTERBACK CLUB, INC.

**Current Principal Place of Business:**

469 SE FIGHTING TIGER DR  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 774  
LAKE CITY, FL 32056

**New Mailing Address:**

**FEI Number:** 59-2488935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BISHOP, BOBBY  
142 SW BLAINE COURT  
LAKE CITY, FL 32025 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CREWS, RODNEY L  
Address: 506 SE LLEWELLYN AVE  
City-St-Zip: LAKE CITY, FL 32025

Title: PE ( ) Delete  
Name: BLACK, MIKE  
Address: 166 SW HANCOCK CT  
City-St-Zip: LAKE CITY, FL 32024

Title: VP ( ) Delete  
Name: MARTINEZ, MARTY  
Address: 573 SW SIESTA PLACE  
City-St-Zip: LAKE CITY, FL 32025

Title: T ( ) Delete  
Name: BISHOP, BOBBY  
Address: 142 SW BLAINE CT  
City-St-Zip: LAKE CITY, FL 32025

Title: S ( ) Delete  
Name: ROBINSON, JOE  
Address: PO BOX 63  
City-St-Zip: LAKE CITY, FL 32056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BLACK, MIKE  
Address: 166 SW HANCOCK CT  
City-St-Zip: LAKE CITY, FL 32024

Title: PE (X) Change ( ) Addition  
Name: FAULKNER, JAMES  
Address: 284 SE DEER STREET  
City-St-Zip: LAKE CITY, FL 32025

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: BOBBY BISHOP

T

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date