

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N34185

1. Entity Name

LABELLE QUARTERBACK CLUB, INC.



Principal Place of Business

% JOHN JAY WATKINS
150 S MAIN ST. P O BOX 250
LABELLE, FL 33935 US

Mailing Address

P.O. BOX 1443
LABELLE, FL 33975 US

DO NOT WRITE IN THIS SPACE



07122004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0204742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'FERRELL, JOHN
744 CALOOSA ESTATES DR
LABELLE, FL 33935

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000169885
08/12/04-80001-018 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME O'FERRELL, JOHN
STREET ADDRESS 744 CALOOSA ESTATES DR
CITY-ST-ZIP LABELLE, FL 33935

TITLE VD
NAME HARRIS, DARRELL
STREET ADDRESS N RIVER RD P.O. BOX 963 N/A
CITY-ST-ZIP LABELLE, FL 33935

TITLE SD
NAME LYONS, DAVE
STREET ADDRESS 380 BELMONT
CITY-ST-ZIP LABELLE, FL 33935

TITLE TD
NAME BURTON, JEFF
STREET ADDRESS 1301 CAPT HENDRY DR.
CITY-ST-ZIP LABELLE, FL 33935

TITLE D
NAME COOPER, SCOTT
STREET ADDRESS 4050 COWBOY WAY
CITY-ST-ZIP LABELLE, FL 33935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/04

(863)675-2946