

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N34185

FILED
Oct 10, 2006
Secretary of State

Entity Name: LABELLE QUARTERBACK CLUB, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1443
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 65-0204742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'FERRELL, JOHN,
Address: 744 CALOOSA ESTATES DR
City-St-Zip: LABELLE, FL 33935

Title: VD () Delete
Name: HARRIS, DARRELL,
Address: N RIVER RD P.O. BOX 963 N/A
City-St-Zip: LABELLE, FL 33935

Title: SD () Delete
Name: LYONS, DAVE,
Address: 380 BELMONT
City-St-Zip: LABELLE, FL 33935

Title: TD () Delete
Name: BURTON, JEFF,
Address: 1301 CAPT HENDRY DR.
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: COOPER, SCOTT
Address: 4050 COWBOY WAY
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: JEFF BURTON

TREA

10/10/2006

Electronic Signature of Signing Officer or Director

Date