

FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36766**
1. Corporation Name
Woodham High Quarterback Club, Inc.

Principal Place of Business Mailing Address
150 E. Burgess Road P.O. Box 10027
Pensacola, FL 32503 Pensacola, FL 32504

800002184098
-05/20/97--01002--004
***70.00

2. Principal Place of Business 150 E. Burgess Road		2a. Mailing Address P.O. Box 10027		3. Date Incorporated or Qualified Dec., 1990	3a. Date of Last Report ?
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
22 City & State Pensacola, FL		27 City & State Pensacola, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 32503		28 Zip 32504		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country USA		30 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Sutherland, Stephen E.
4670 Anchor Lane
Pensacola, FL 32514

10. Name and Address of New Registered Agent

81 Name **Sutherland, Stephen E.**
82 Street Address (P.O. Box Number is Not Acceptable)
4670 Anchor Lane
83
84 City **Pensacola** FL 85 Zip Code **32514**

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 617.0501, Florida Statutes.

SIGNATURE **Stephen E. Sutherland** **Stephen E. Sutherland** **4/20/97**
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	PD Little, Richard
STREET ADDRESS		1.3 STREET ADDRESS	2530 Brooklyn Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	VB Debrow, Youndoria
STREET ADDRESS		2.3 STREET ADDRESS	10155 Guidy Lane Apt. 22
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	SD Williams, Keith
STREET ADDRESS		3.3 STREET ADDRESS	10162 Sugar Creek Circle
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	TD Cunningham, Bernice
STREET ADDRESS		4.3 STREET ADDRESS	380 E. Ensley Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D Washabaugh, Annette
STREET ADDRESS		5.3 STREET ADDRESS	4095 E. Johnson Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	D Corvin, Jim
STREET ADDRESS		6.3 STREET ADDRESS	9450 Plainfield Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Pensacola, FL 32514

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: **Keith Williams** **Keith Williams** **4/28/97** **(904) 968-4266**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)