


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90988 047 ****61.25

DOCUMENT # N36766					
1. Entity Name WOODHAM HIGH SCHOOL QUARTERBACK CLUB, INC.					
Principal Place of Business 150 E. BURGESS RD PENSACOLA, FL		Mailing Address P.O. BOX 10027 PENSACOLA, FL 32504			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04212004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MELVILLE, RICHARD 1204 DUNMIRE ST PENSACOLA, FL 32504			Name <u>Bruce W. Burch</u> Street Address (P.O. Box Number is Not Acceptable) <u>7747 Folkstone Dr.</u> <u>Pensacola</u> City <u>FL</u> Zip Code <u>32514</u>		
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 <u>Bruce W. Burch</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4-22-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURCH, BRUCE		NAME		
STREET ADDRESS	7747 FOLKSTONE DR.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE, CAROL		NAME	MALTAIS, Wanda	
STREET ADDRESS	1551 WEST 10 MILE RD.		STREET ADDRESS	9870 BOBWHITE WAY	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	PENSACOLA FL. 32514	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, BONNIE		NAME		
STREET ADDRESS	8244 LODE STAR AVE.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALTOIS, WANDA		NAME	BURCH, TERRY	
STREET ADDRESS	9870 BOBWHITE WAY		STREET ADDRESS	7747 FOLKSTONE DR.	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	PENSACOLA FL. 32514	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCKER, TINA		NAME	YOUNG, LARRY	
STREET ADDRESS	1857 ATWOOD DR. APT. 61F		STREET ADDRESS	4495 CESSNOCK DR.	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	PENSACOLA FL. 32514	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, TRENCE		NAME		
STREET ADDRESS	325 PINE RIDGE LN.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP		

12. I 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 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: Bruce W. Burch DATE: 4-22-04 DAYTIME PHONE #: 850-478-7137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #