





2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90039 038 ****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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BURCH, BRUCE W 7747 FOLKSTONE DR. PENSACOLA, FL 32514				7. Name and Address of New Registered Agent Name James Robert Wells Street Address (P.O. Box Number is Not Acceptable) 2201 Warren Jernigan Place City Pensacola FL Zip Code 32514	
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 James Robert Wells (Pres.)  3-26-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P BURCH, BRUCE 7747 FOLKSTONE DR. PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James Robert Wells 2201 WARREN JERNIGAN Place Pensacola, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALTAIS, WANDA 9870 BOBWHITE WAY PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES DAVIS 1137 Corsa Terrace Pensacola FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYERS, BONNIE 8244 LODGE STAR AVE. PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERRY BURCH 7747 Folkstone Dr. PENSACOLA FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURCH, TERRY 7747 FOLKSTONE DR. PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WANDA MALTAIS 9870 Bobwhite way PENSACOLA FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, LARRY 4495 CESSNOCK DR. PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>TERRY BURCH</u>  <u>3/26/05</u> <u>850-501-3408</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					