


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N36766</b> 1. Entity Name <b>WOODHAM HIGH SCHOOL QUARTERBACK CLUB, INC.</b>	
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Principal Place of Business <b>150 E. BURGESS RD PENSACOLA, FL</b>	Mailing Address <b>P.O. BOX 10027 PENSACOLA, FL 32504</b>
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**DO NOT WRITE IN THIS SPACE**



05012006 No Chg-NP

CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WELLS, JAMES ROBERTG 2201 WARREN JERNIGAN PLACE PENSACOLA, FL 32514</b>
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**DO NOT WRITE  
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: James R. Wells (NOTE: Registered Agent signature required when reinstating) DATE: 5/1/06

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELLS, JAMES ROBERT 2201 WARREN JERNIGAN PLACE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, JAMES 1137 CORSA TERRACE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURCH, TERRY 7747 FOLKSTONE DR PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALTAIS, WANDA 9870 BOBWHITE WAY PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, LARRY 4495 CESSNOCK DR. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000564069  
05/20/06-80043-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Larry D Burch DATE: 5/1/06 850-1602-7627  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR