

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90602 016 \*\*\*\*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

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MELVILLE, JACKLYN  
1204 DUNMIRE ST  
PENSACOLA FL 32504**

Name **Richard Melville**

Street Address (P.O. Box Number is Not Acceptable)  
**1204 Dunmire St**

City **Pensacola**

**FL**

Zip Code  
**32504**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/9/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **PD** ☒ Delete  
NAME **LITTLE, RICHARD**  
STREET ADDRESS **2503 BROOKLYN ST**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **VD** ☒ Delete  
NAME **SCOTT, ELDEN**  
STREET ADDRESS **7940 HOLGATE RD**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **TD** ☒ Delete  
NAME **MELVILLE, RICHARD**  
STREET ADDRESS **1204 DUNMIRE STREET**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☒ Delete  
NAME **MARK, GOOLSBY**  
STREET ADDRESS **4017 MIDDLEBURG DR**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☒ Delete  
NAME **ROGERS, EDITH**  
STREET ADDRESS **2772 COTTONWOOD LN**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☒ Delete  
NAME **SABA, JOE**  
STREET ADDRESS **8225 SQUIRE RD**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **President** ☒ Change ☐ Addition  
NAME **Bruce Burch**  
STREET ADDRESS **7747 Folkstone Dr**  
CITY-ST-ZIP **Pensacola Fla. 32514**

TITLE **Vice-President** ☒ Change ☐ Addition  
NAME **Carol Grace**  
STREET ADDRESS **1551 West 10 mile Rd**  
CITY-ST-ZIP **Cantonment Fla 32533**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **Bonnie Myers**  
STREET ADDRESS **8244 Lake Star Avenue**  
CITY-ST-ZIP **Pensacola Fla. 32514**

TITLE **Sec.** ☒ Change ☐ Addition  
NAME **Wanda Maltois**  
STREET ADDRESS **9870 Bobwhite way**  
CITY-ST-ZIP **Pensacola Fla 32514**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Tina Blocker**  
STREET ADDRESS **1857 Atwood Dr Apt 61F**  
CITY-ST-ZIP **Pensacola Fla 32514**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Trena Wilson**  
STREET ADDRESS **325 Pine Ridge Ln**  
CITY-ST-ZIP **Pensacola Fla 32514**

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** 4-14-03 850-478-7737

CR2E037 (10/02)