2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007
Secretary of State

DOCUMENT# N39668

Entity Name: GODBY HIGH QUARTERBACK CLUB, INC.

Current Principal Place of Business:

GODBY HIGH SCHOOL
TALLAHASSEE, FL 32315

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 37087
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 47-0402902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAHAM, ANGELA
2592 EDDIE RD.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GRAHAM, ANGELA	
Address:	2592 EDDIE RD.	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	PD	( ) Delete
Name:	BONNER, CONNIE	
Address:	2306 CUMBERLAND DR.	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	T	(X) Delete
Name:	ARDLEY, TAMIKA	
Address:	2015 TRIMBLE RD. #2	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	VP	(X) Delete
Name:	ALEXANDER, FLARIA	
Address:	2372 FOSTER CT	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	S	(X) Delete
Name:	MARTIN, NICKIE	
Address:	1002 ABRAHAM STREET	
City-St-Zip:	TALLAHASSEE, FL 32304	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE BONNER PD 08/31/2007

Electronic Signature of Signing Officer or Director — Date