

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44516

FILED
Jan 16, 2009
Secretary of State

Entity Name: SUWANNEE QUARTERBACK CLUB, INC.

Current Principal Place of Business:

303 WILBUR STREET
LIVE OAK, FL 32064 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1491
LIVE OAK, FL 32064 US

New Mailing Address:

FEI Number: 59-3086321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRBY, JAMES L.
712 PINE AVE.
LIVE OAK, FL 32064 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: DP () Delete
Name: DANIELS, JAMES
Address: 15837 US 129
City-St-Zip: LIVE OAK, FL 32060 US

Title: DVP () Delete
Name: MAXWELL, BILLY
Address: 6927 112TH TERRACE
City-St-Zip: LIVE OAK, FL 32060 US

Title: D1VP () Delete
Name: REID, JERRY
Address: 19519 78TH TERRACE
City-St-Zip: LIVE OAK, FL 32060 US

Title: DS () Delete
Name: BREWER, CASSIE
Address: 14424 129TH ROAD
City-St-Zip: LIVE OAK, FL 32060 US

Title: DT () Delete
Name: WILSON, WAYNE
Address: 1325 DEMETREE ST
City-St-Zip: LIVE OAK, FL 32064 US

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: JAMES L. KIRBY

RA

01/16/2009

Electronic Signature of Signing Officer or Director

Date