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

## **DOCUMENT # N96000003108**



**FILED** May 04, 2006 8:00 am Secretary of State

BAY HIGH QUARTERBACK CLUB, INC.								05-04-2006 90207 005 ****61.25				
P.O. BOX 16063 P.O. PANAMA CITY, FL. 32401 US PAI			ing Address 1 <del>. BOX 16083</del> VANA CITY, FL 32401 US									
1522 MULBERRY AVE. 1522 MULBERRY						Ave.						
Principal Place of Business     3. M			Mailing Address									
Suite, Apt. #, etc.			s	Suite, Apt. #, etc.			01172006	Chg-NP	CR2E03	37 (11/05)		
City & State			C	City & State			4. FEI Number 59-3405853			<del></del>	pplied For ot Applicable	
Zip		Country	Zi	p	Cou	intry	5. Certificate of	of Status Desired		\$8.75 Ad Fee Require		
6. Name and Address of Current Register				<del></del>			7. Name and	7. Name and Address of New Registered Agent				
CILDEDT	DECCIE:	•				Name						
GILBERT, REGGIE L 3143 WOODVALLEY RD. PANAMA CITY, FL 324-059y				Street Address			ess (P.O. Box Numbe	(P.O. Box Number is Not Acceptable)				
		•										
,		1 4		City				FL Zip Code				
	named entit tions of regist	y submits this stateme tered agent.	nt for the purp	cose of changing its	register	ed office or reg	gistered agent, or both	n, in the State of Fl	orida. !am	familier with	, and accept	
SIGNATURE		في الأ	1.									
SIGNATURE		or printed name of registered a	gent and title if ap	pliceble. (NOT	E: Registere	id Agent signature rei	squired when reinstating)		DATE			
		<b>₽</b> 24										
1	-	e is \$61.25 fay 1, 2006		9. Election Car Trust Fund (			\$5.00 May Be Added to Fees	, ,	lake checi	c payable t tment of S		
10.	Due by N		DIRECTORS	Trust Fund (			\$5.00 May Be Added to Fees	, ,	take checi rida Depar	tment of S	State	
TITLE	PD PD	Aay 1, 2006 OFFICERS AND	DIRECTORS	Trust Fund (	20ntribut	ion.	\$5.00 May Be Added to Fees	Flo	take checi rida Depar	tment of S	State	
TITLE	PD GILBERT	Aay 1, 2008 OFFICERS AND		Trust Fund (	11.	ion.	\$5.00 May Be Added to Fees	Flo	take checi rida Depar	RECTORS IN	N 10	
TITLE	PD GILBERT 3143 WO	Aay 1, 2006 OFFICERS AND		Trust Fund (	11. ITIL HAM STRE	ion.	\$5.00 May Be Added to Fees	Flo	take checi rida Depar	RECTORS IN	N 10	
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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 am address, with all other like empowered.

SIGNATURE:

DEFICER OF DIRECTOR

850-769-6384