

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90032 019 \*\*\*\*61.25

<b>DOCUMENT # N96000003108</b> 1. Entity Name <b>BAY HIGH QUARTERBACK CLUB, INC.</b>			
Principal Place of Business <b>1522 MULBERRY AVE</b> <b>PANAMA CITY, FL 32401 US</b>		Mailing Address <b>1522 MULBERRY AVE</b> <b>PANAMA CITY, FL 32401 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1923 TYNDALL DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>1923 TYNDALL DR</b> Suite, Apt. #, etc.	
City & State <b>PANAMA CITY FL</b> Zip <b>32401</b>		City & State <b>PANAMA CITY FL</b> Zip <b>32401</b>	
Country <b>BAY</b>		Country <b>BAY</b>	
4. FEI Number <b>59-3405853</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GILBERT, REGGIE L</b> <b>3143 WOODVALLEY RD.</b> <b>PANAMA CITY, FL 324-059y</b>		7. Name and Address of New Registered Agent Name <b>STEVE SOVEREIGN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1923 TYNDALL DR</b> City <b>PANAMA CITY</b> <b>FL</b> Zip Code <b>32401</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4-30-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GILBERT, REGGIE</b> <input checked="" type="checkbox"/> Delete <b>3143 WOODVALLEY RD</b> <b>PANAMA CITY, FL 32405</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>CHERNOCK, JOE</b> <input checked="" type="checkbox"/> Delete <b>709 GARDEN CLUB DR</b> <b>PANAMA CITY, FL 32401</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>ROEBUCK, WILMA</b> <input checked="" type="checkbox"/> Delete <b>1522 MULBERRY AVE</b> <b>PANAMA CITY, FL 32405</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>STEVE SOVEREIGN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>STEVE MCINTURFF</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>409 VENETION WAY</b> <b>PANAMA CITY FLA 32405</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>SHAWN LAUDERDALE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1900 CHAY AVE</b> <b>PANAMA CITY FL 32405</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>4-30-07</b> DAYTIME PHONE # <b>850-785-7954</b>	