

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

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

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

**DOCUMENT # N96000003108**

1. Entity Name  
**BAY HIGH QUARTERBACK CLUB, INC.**



Principal Place of Business  
**1522 MULBERRY AVE  
PANAMA CITY, FL 32401 US**

Mailing Address

**1522 MULBERRY AVE  
PANAMA CITY, FL 32401 US**

2. Principal Place of Business - No P.O. Box #

**1923 TYNDALL DR**

Suite, Apt. #, etc.

3. Mailing Address

**1923 TYNDALL DR**

Suite, Apt. #, etc.

City & State

**PANAMA CITY FL**

City & State

**PANAMA CITY FL**

Zip

**32401**

Country

**BAY**

Zip

**32401**

Country

**BAY**

4. FEI Number

**59-3405853**

Applied For

Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GILBERT, REGGIE L  
3143 WOODVALLEY RD.  
PANAMA CITY, FL 324-059**

7. Name and Address of New Registered Agent

Name **STEVE SOVEREIGN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1923 TYNDALL DR**

City **PANAMA CITY FL** Zip Code **32401**

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:

**4-30-07**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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**

<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete
<b>P</b> GILBERT, REGGIE 3143 WOODVALLEY RD PANAMA CITY, FL 32405		<b>P</b> STEVE SOVEREIGN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VP</b> CHERNOCK, JOE 709 GARDEN CLUB DR PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Delete	<b>VP</b> STEVE MCINTURFF 409 VENETIAN WAY PANAMA CITY FL 32405	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TD</b> ROEBUCK, WILMA 1522 MULBERRY AVE PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	<b>TD</b> SHAWN LAUDERDALE 1800 CLAY AVE PANAMA CITY FL 32405	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-07 850-785-7954**

Date

Daytime Phone #