2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003926

Apr 24, 2007 Secretary of State

Entity Name: QUARTERBACK CLUB OF FERNANDINA BEACH, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

435 CITRONA DRIVE

FERNANDINA BEACH, FL 32034

Current Mailing Address: New Mailing Address:

P.O. BOX 16331

FERNANDINA BEACH, FL 32035

FEI Number: 59-3391595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEKARA, MIKE T WILLIS, TODD S

86125 MÓRICHES DRIVE 2142 ROCKDOVE LANE

FERNANDINA BEACH, FL 32034 US FERNANDINA BEACH, FL 32034 US

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: TODD S WILLIS 04/24/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MEKARA, MIKE T WILLIS, TODD S Name: Name:

86125 MORICHES DRIVE Address: 2142 ROCKDOVE LANE Address: FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034

City-St-Zip: City-St-Zip:

(X) Change () Addition Title: VPD () Delete Title: VPD CARTER, CAROL Name: MCNAMEE, MIKE Name:

Address: 2125 JEKYLL COURT Address: 6365 TARPON AVENUE

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD () Delete Title: () Change () Addition

AUTRY, TAMI Name: Name: 31788 WILLOW OAK LANE Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip:

Title: SD Title: SD (X) Change () Addition () Delete DAVIS, KAREN Name: Name: CORLEY, KIMBERLY

1583 JOHNSON LANE 3824 BARNWELL CIRCLE SOUTH Address: Address: City-St-Zip: YULEE, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the 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: TODD S WILLIS PD 04/24/2007