

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003926

FILED  
Jul 19, 2008  
Secretary of State

**Entity Name:** QUARTERBACK CLUB OF FERNANDINA BEACH, INCORPORATED

**Current Principal Place of Business:**

435 CITRONA DRIVE  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16331  
FERNANDINA BEACH, FL 32035

**New Mailing Address:**

**FEI Number:** 59-3391595      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WILLIS, TODD S  
2142 ROCKDOVE LANE  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WILLIS, TODD S  
Address: 2142 ROCKDOVE LANE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VPD      ( ) Delete  
Name: MCNAMEE, MIKE  
Address: 6365 TARPON AVENUE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD      ( ) Delete  
Name: AUTRY, TAMI  
Address: 31788 WILLOW OAK LANE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD      ( ) Delete  
Name: CORLEY, KIMBERLY  
Address: 3824 BARNWELL CIRCLE SOUTH  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      (X) Change ( ) Addition  
Name: CRAWFORD, ROBERT  
Address: 4292 MAPLE COURT  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: TODD S WILLIS

PRES

07/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date