## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004349

Entity Name: DAYTONA BEACH QUARTERBACK CLUB, INC.

FILED Jan 20, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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P. O. BOX 1923 DAYTONA BEACH, FL 32115

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1923 DAYTONA BEACH, FL 32115

FEI Number: 59-2351436 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:

PAUL E RICE, JR 222 SEABREEZE BLVD. DAYTONA BEACH, FL 32118 US

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

KELLY, CHRISTOPHER KELLY, CHRISTOPHER Name: Name:

P.O. BOX 9547 Address: P.O. BOX 9547 Address: City-St-Zip: DAYTONA BEACH, FL 32120 City-St-Zip: DAYTONA BEACH, FL 32120

Title: Title: (X) Change ( ) Addition ( ) Delete CANTWELL, ANTHONY Name: CANTWELL, ANTHONY Name: Address: 25 FOREST VIEW WAY Address: 25 FOREST VIEW WAY

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: (X) Change ( ) Addition

WILLIAMS, DAVID RESTUCCIA, JOHN Name: Name: 41 CRYSTAL CIRCLE 63 S. ST. ANDREWS TERR Address: Address:

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Delete Title: (X) Change ( ) Addition

CROTTY, MICHAEL D Name: Name: CROTTY, MICHAEL D P O BOX 9547 P O BOX 9547 Address: Address:

City-St-Zip: DAYTONA BEACH, FL 32120 City-St-Zip: DAYTONA BEACH, FL 32120

Title: ( ) Delete Title: (X) Change ( ) Addition

RICE, WS RICE, WS Name: Name:

40 RIVERRIDGE TRAIL 40 RIVERRIDGE TRAIL Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete Title: ( ) Change (X) Addition

TROUP, ROBERT Name: Name: Address: Address: 4343 RIDGEWOOD AVE PORT ORANGE, FL 32127 City-St-Zip: City-St-Zip:

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: CHRISTOPHER KELLY AS 01/20/2007