


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90383 016 \*\*\*\*61.25

<b>DOCUMENT # N97000004349</b> 1. Entity Name <b>DAYTONA BEACH QUARTERBACK CLUB, INC.</b>					
Principal Place of Business <b>P. O. BOX 1923 DAYTONA BEACH, FL 32115</b>			Mailing Address <b>P.O. BOX 1923 DAYTONA BEACH, FL 32115</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2351436</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PAUL E RICE, JR. 222 SEABREEZE BLVD. DAYTONA BEACH, FL 32118</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AG</b> <b>KELLY, CHRISTOPHER</b> <b>P.O. BOX 9547</b> <b>DAYTONA BEACH, FL 32120</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KELLY, CHRISTOPHER</b> <b>1825 BUSINESS PARK BLVD</b> <b>DAYTONA BEACH, FL 32114</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CANTWELL, ANTHONY</b> <b>25 FOREST VIEW WAY</b> <b>ORMOND BEACH, FL 32174</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CANTWELL, ANTHONY</b> <b>25 FOREST VIEW WAY</b> <b>ORMOND BEACH, FL 32174</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>RESTUCCIA, JOHN</b> <b>63 S. ST. ANDREWS TERR</b> <b>ORMOND BEACH, FL 32174</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>OPALEWSKI, PAT</b> <b>168 POINTVIEW LANE</b> <b>ORMOND BEACH, FL 32174</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GROTTI, MICHAEL D</b> <b>P.O. BOX 6547</b> <b>DAYTONA BEACH, FL 32120</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RESTUCCIA, JOHN</b> <b>63 S. ST. ANDREWS TERRACE</b> <b>ORMOND BEACH, FL 32174</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>W</b> <b>RICE, W S</b> <b>40 RIVERRIDGE TRAIL</b> <b>ORMOND BEACH, FL 32174</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RICE, W.S.</b> <b>P. O. BOX 218</b> <b>DAYTONA BEACH, FL 32115-2180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TROUP, ROBERT</b> <b>4343 RIDGEWOOD AVE</b> <b>PORT ORANGE, FL 32127</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>TROUP, ROBERT G.</b> <b>4343 RIDGEWOOD AVENUE--STE A</b> <b>PORT ORANGE, FL 32127</b> <input checked="" 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 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

Date

Daytime Phone #

*Robert G. Troup, AS*

*4/24/08*

*(386) 726-1708*