DOCUMENT # N9900005028 1. Entity Name									
QUINCY FOOTBALL OFFICIALS ASSOCIATION, INC.]	FILED			
				-		OO SEI	-8 PM 3:53	1	
Principal Place									
RT. 1. BOX 14 QUINCY FL 32		P.O. BOX 305 QUINCY FL 32353				SECRETARY OF STATE TALEAHASSEE FLORIDA			
2. Principal Place of Business 1766 70+4R-WHITERD 3. Mailing Address						ļ 1 0 0 1 1 1 0 1			1831 1811 1881
Suite, Apt. #, etc. Suite, Apt. #, etc.				-		DO NOT WRITE IN THIS SPACE			
City & State City & State			ate ,			4. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Cou	ntry			of Status Desired	\$8.75 Add	litional
323	6. Name and Address of Current	Registered Agent				7. Name and	Address of New Register	<u>.</u>	<u> </u>
o. Idalie and Address of Current Hegistered Agent				Name					
MCPHAUL, DAVID				Street Address (P.O. Box Number is Not Acceptable)					
RT. 1, BOX 143 QUINCY FL 32351									
GUINCY FL 32351				City FL Zip Code					
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	d office or	registere	ed agent, or both	n, in the state of Fiorida.		
	AVI	6000033976964 -03/13/00-01930-007 4VID MCPHAUL ************************************							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered			when reinstating)	DA		- 63 -
	FILE NOW: FEE IS \$61,25	9. Election Camp	naion Fis	ancino	¢ E	.00 May Be	Make Che	ck Payable to	
After September 13, 2000 min. will be \$236.25 Trust Fund Control						ded to Fees Department of State			
10.	OFFICERS AND DIE	RECTORS	11.			ADDITIONS/CHA	ANGES TO OFFICERS AND	DIRECTORS IN	10
TITLE		☐ Delete	TITLE			DIP Med	21/01/	☐ Change	☐ Addition
NAME Street address			NAM8 STREE	ET ADDRESS	17	66 TOL	AR-WHITE ROA	0	
CITY-ST-ZIP				ST-ZIP			EL 32351		
TITLE		☐ Detete	TITLE		D	10		☐ Change	☐ Addition
NAME			NAME	ET ADDRESS	62	DORGE S	TANLEY KE RISELANE		
STREET ADDRESS . CITY-ST-ZIP				ST-ZIP		ALL. F.			
TITLE		☐ Delete	TITLE			0/5/1		☐ Change	☐ Addition
NAME			NAME		4	ARRY WI	HITMORK AR-NIFITE Rd		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP	16	אמני 36	FL 32351		
TITLE		☐ Delete	TITLE	·		n	12 32301	☐ Change	Z Addition
NAME		☐ Delete	NAME		Ĵ	RICHARP	CROOK		
STREET ADDRESS				ET ADDRESS	P	OBOX !	2531		
CITY-ST-ZIP			1-	ST-ZIP	17	AVANA.	FL 32323		P#D
TITLE		☐ Delete	TITLE NAME			B NEAL TH		Change	Addition
NAME STREET ADDRESS				ET ADDRESS	0 1 34	NETTL DX 340 WILS	ON CIRCLE		
CITY-ST-ZIP		•		-ST-ZIP		ALL. FL			
TITLE	9	Delete	TITLE		•			☐ Change	☐ Addition
NAME	P. R. METT BATSON 3896 SYLVANIA BLAN		NAME			•			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
\$11 SI-ER	GREENWOOD FL 329	172							2

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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

850 875-8324