

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34185

**Entity Name:** LABELLE QUARTERBACK CLUB, INC.**Current Principal Place of Business:**LABELLE HIGH SCHOOL  
4050 E. COWBOY WAY  
LABELLE, FL 33935**Current Mailing Address:**P. O. BOX 1443  
LABELLE, FL 33975 US**FEI Number:** 65-0204742**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HIGGINBOTHAM, ANDREW  
14 WASHINGTON AVE  
LABELLE, FL 33935 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:** ANDREW HIGGINBOTHAM

04/26/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HARRIS, DARRELL  
Address P. O. BOX 963  
City-State-Zip: LABELLE FL 33975

Title D  
Name LANGFORD, PAT  
Address 851 S. MAIN STREET  
City-State-Zip: LABELLE FL 33935

Title PRESIDENT  
Name O'BANNON, PATRICK  
Address 4050 COWBOY WAY  
City-State-Zip: LABELLE FL 33935

Title VP  
Name REINBOTT, MICHAEL  
Address 4050 COWBOY WAY  
City-State-Zip: LABELLE FL 33935

Title DIRECTOR  
Name REINBOTT, LISA  
Address 4050 COWBOY WAY  
City-State-Zip: LABELLE FL 33935

Title DIRECTOR  
Name MARTINEZ, JASON  
Address 4050 COWBOY WAY  
City-State-Zip: LABELLE FL 33935

Title DIRECTOR  
Name HALL, PAULA  
Address 4050 COWBOY WAY  
City-State-Zip: LABELLE FL 33935

Title DIRECTOR  
Name BOTTOMS, TODD  
Address 4050 COWBOY WAY  
City-State-Zip: LABELLE FL 33935

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I hereby 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 all other like empowered.

**SIGNATURE:** DARRELL HARRIS

DIRECTOR

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                DIRECTOR  
Name                HULL, JADON  
Address             4050 COWBOY WAY  
City-State-Zip:    LABELLE FL 33935

Title                DIRECTOR  
Name                LYONS, DAVE  
Address             4050 COWBOY WAY  
City-State-Zip:    LABELLE FL 33935

Title                DIRECTOR  
Name                BRANT, MELINDA  
Address             4050 COWBOY WAY  
City-State-Zip:    LABELLE FL 33935

Title                TREASURER  
Name                PERKINS, LORI  
Address             4050 COWBOY WAY  
City-State-Zip:    LABELLE FL 33935

Title                DIRECTOR  
Name                YOUNG, KAY  
Address             4050 COWBOY WAY  
City-State-Zip:    LABELLE FL 33935