

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01802

**FILED**  
**May 06, 2011**  
**Secretary of State**

**Entity Name:** PENINSULA PLAYERS, INC.

**Current Principal Place of Business:**

C/O ALFRED E. RICHTER  
5540 W FIFTH ST. #38  
OXNARD, CA 93035 US

**New Principal Place of Business:**

**Current Mailing Address:**

%ALFRED E. RICHTER  
5540 W FIFTH ST #38  
OXNARD, CA 93035 US

**New Mailing Address:**

**FEI Number:** 59-2505710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERRY, DAN  
575 BAYSIDE DRIVE  
FORT MYERS, FL 33919 US

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

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: DP  
Name: RICHTER, AL  
Address: 5540 W FIFTH ST #38  
City-St-Zip: OXNARD, CA 93035

Title: D  
Name: RICHTER, MARTHA  
Address: 5540 W FIFTH ST #38  
City-St-Zip: OXNARD, CA 93035 UN

Title: D  
Name: WILKES,, DIANE  
Address: 15206 IONA LAKES DRIVE  
City-St-Zip: FT. MYERS, FL 33908 UN

Title: D  
Name: PERRY, DAN  
Address: 575 BAYSIDE DRIVE  
City-St-Zip: FT. MYERS, FL 33919 UN

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: ALFRED E. RICHTER

PRES

05/06/2011

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

\_\_\_\_\_  
Date