**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FILE NOW: FILING FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUN	<b>MENT</b>	# N	108	9468

1. Corporation Name

PLAYERS CLUB ON THE BAY, INC.

Principal Place of Business
10221 HWY 98 W
SUITE 23
DESTIN FL 32541
UA.

Mailing Address PO BOX 6225 DESTIN FL 32541

04-16-1999 90057 031 \*\*\*\*61.25

DESTIN FL 32541 US		US				JULI 1011 04841 05811 I	)  0   0	0  {
2. Principal Place of Business 2a. Mailing Address 26				3. Date Incorporated or Qualifed 05/28/1985				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number 59-2543489		$\perp$	Applied For Not Applicable
City & State		City & State			5. Certificate of Status Desired			75 Additional ee Required
Zip 24 2:	Country 5	Zip 29	Country 30		Election Campaign Financing Trust Fund Contribution		-	.00 May Be ded to Fees
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
			81	Name				
GELDER, RALPH H 10221 HWY 98 W		82	82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 23			83					
DESTIN FL 32541			84	City		FL		Zip Code
office or registered agen	it, or both, in the State of F	nd 617.1508, Florida Statute lorida. Such change was au s of, Section 617.0503, Flor	uthorized by 1	the corporation	ration submits this statement for the 's board of directors. I hereby acce	purpose of ch pt the appointr	angir nent a	ng its registered as registered

SIGNATURE	Signature, typed or printed name of registered agent and title if applicab	e (NOTE: Re	gistered Agent signature re	squired when reinstating)	DATE		Ì
12.	OFFICERS AND DIRECTOR:		13.	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change	☐ Addition
NAME	HALL, CARL		1.2 NAME				
STREET ADDRESS	20 PLAYERS CLUB -SANDESTIN		1.3 STREET ADDRESS				Į
CITY-ST-ZIP	DESTIN FL		1.4 CITY+ST+ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE	•		Change	Addition
NAME	LAMARCHE, JUDY	,	2.2 NAME				
STREET ADDRESS	3304 TARTON CR		2.3 STREET ADDRESS				
CITY-ST-ZIP	BIRMINGHAM AL		2.4 CITY-ST-ZIP		<del></del> ,		
TITLE TO THE	-SD	ELETE	3.1 TILE			Chānge	Addition
NAME	HAGLUND, PAUL	•	3.2 NAME				
STREET ADDRESS	26 PLAYERS CLUB	i	3.3 STREET ADDRESS				1
CITY-ST-ZIP	DESTIN FL		3.4, CITY-ST-ZIP				
TTLE	0	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	SISTRUNK, JACK J		4.2 NAME				
STREET ADDRESS	4925 GREENVILLE AVENUE, SUITE 815		4.3 STREET ADDRESS				
CITY-ST-ZIP	DALLAS TX		4.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE	SD		Change	Addition
NAME	SCHUPPERT, KENNETH SR		5.2 NAME	Schuppert, Kenne	th Sr.		
STREET ADDRESS	300 TROON ROAD		5.3 STREET ADDRESS	300 Troon Road			
C/TY-ST-ZIP	PADUCAH KY 42001		5.4 CITY-ST-ZIP	Paducah, KY 4200	1		
TITLE	TD	☐ DELETE	6.1 TITLE			Change	Addition
NAME	MCCALLISTER, RAY		6.2 NAME				ľ
STREET ADDRESS	P O BOX-12705 N/A		6.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32317		6.4 CITY-ST-ZIP			ais, shaas shaa !	formation

indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, of on an attackment with an address, with all other like empowered.

**SIGNATURE:**