2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09468

City-St-Zip:

Entity Name: PLAYERS CLUB ON THE BAY, INC.

FILED Feb 24, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10221 EMRERALD COAST PKWY W 10221 EMERALD COAST PKWY W SUITE 23 SUITE 23 DESTIN, FL 32550 MIRAMAR BEACH, FL 32550 **Current Mailing Address:** New Mailing Address: 10221 EMERALD COAST PKWY W 10221 EMRERALD COAST PKWY W SUITE 23 SUITE 23 DESTIN, FL 32550 US MIRAMAR BEACH, FL 32550 US FEI Number: 59-2543489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GELDER, JAY B GELDER, JAY B 10221 EMRERALD COAST PKWY W 10221 EMERALD COAST PKWY W SUITE 23 SUITE 23 DESTIN, FL 32550 US MIRAMAR BEACH, FL 32550 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: 02/24/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MORGAN, MARQUITA LEYDA, JIM Name: Name: 107 SPRING WATER WAY Address: 10597 TANAGER HILLS DR Address: City-St-Zip: DOTHAN, AL 36303 City-St-Zip: CINCINNATI, OH 45249 Title: () Delete Title: () Change () Addition SISTRUNK, JACK J Name: Name: Address: 4925 GREENVILLE AVENUE, SUITE 815 Address: City-St-Zip: DALLAS, TX City-St-Zip: Title: () Delete Title: () Change () Addition SCHUPPERT, KENNETH SR Name: Name: 300 TROON ROAD Address: Address: City-St-Zip: PADUCAH, KY 42001 City-St-Zip: (X) Change () Addition Title: TD () Delete Title: TSD Name: MCCALLISTER, RAY Name: WRIGHT, TOM 2530 BIRNAM WOOD DR. Address: P O BOX 12705 N/A Address: TALLAHASSEE, FL 32317 City-St-Zip: City-St-Zip: GERMANTOWN, TN 38138 Title: Title: () Delete () Change () Addition SCHUPPERT, KEN JR Name: Name: 618 LINE ST Address: Address: City-St-Zip: DECATUR, AL 35601 City-St-Zip: Title: () Delete Title: () Change (X) Addition BURNS, DEBRA Name: Name: Address: Address: 2719 HAMPSHIRE AVE.

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

CINCINNATI, OH 45208

SIGNATURE: KEN SCHUPPERT, SR. PD 02/24/2004