

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09468

FILED
Mar 04, 2009
Secretary of State

Entity Name: PLAYERS CLUB ON THE BAY, INC.

Current Principal Place of Business:

10221 EMERALD COAST PKWY W
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY W
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-2543489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELDER, JAY B
10221 EMERALD COAST PKWY W
SUITE 23
MIRAMAR BEACH, FL 32550 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: PD () Delete
Name: SHUPPERT, KEN JR
Address: 618 LINE STREET
City-St-Zip: DECATUR, AL 35601

Title: VPD () Delete
Name: HAGERMAN, ROGER
Address: 2500 OAKMOOR LANE
City-St-Zip: DAYTON, OH 45459

Title: TD () Delete
Name: CRAWFORD, JENNIFER
Address: 6 SAWGRASS CT.
City-St-Zip: ROGERS, AR 72758

Title: D () Delete
Name: HALL, RANDY
Address: 919 TRINITY COURT
City-St-Zip: BIRMINGHAM, AL 35242

Title: DS () Delete
Name: LEYDA, JIM
Address: 10597 TANAGER HILLS DR.
City-St-Zip: CINCINNATI, OH 45249

Title: D () Delete
Name: SMITH, BRIAN
Address: 502 FLEETWOOD DRIVE
City-St-Zip: LOOKOUT MOUNTAIN, TN 37350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: SHUPPERT, KEN JR
Address: 618 LINE STREET
City-St-Zip: DECATUR, AL 35601

Title: PD (X) Change () Addition
Name: HAGERMAN, ROGER
Address: 2500 OAKMOOR LANE
City-St-Zip: DAYTON, OH 45459

Title: VPD (X) Change () Addition
Name: CRAWFORD, JENNIFER
Address: PLAYERS CLUB, UNIT 3
City-St-Zip: SANDESTIN, FL 32550

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEYDA, JIM
Address: 10597 TANAGER HILLS DR.
City-St-Zip: CINCINNATI, OH 45249

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: ROGER HAGERMAN

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date