

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:06

DOCUMENT # **N48459** (4)

1. Corporation Name
ROYAL PALM PLAYERS, INC.

Principal Place of Business Mailing Address
P.O. BOX 954 BOCA GRANDE FL 33921 P.O. BOX 954 BOCA GRANDE FL 33921

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **04/21/1992** 3a. Date of Last Report **06/29/1994**
4. FEI Number **65-0330458** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **320 Park Avenue** 26
22 Suits, Apt. #, etc. 27
23 **Boca Grande, FL** 28
24 **33121** 25 **USA** 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BATSEL, C. GUY
1861 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	NEWBERRY, ALEXANDER S.
STREET ADDRESS	5750 MIDNIGHT PASS ROAD
CITY - ST - ZIP	SARASOTA FL
TITLE	RD
NAME	GOSS, CHAUNCEY
STREET ADDRESS	291 LEE AVENUE
CITY - ST - ZIP	BOCA RATON FL
TITLE	TD
NAME	CARTEN, DANIEL
STREET ADDRESS	420 GULF BOULEVARD
CITY - ST - ZIP	BOCA GRANDE FL
TITLE	MD
NAME	JOHNSON, KRISTINA
STREET ADDRESS	22 MARINA VILLAGE
CITY - ST - ZIP	BOCA GRANDE FL
TITLE	D
NAME	SHOLLEY, PETER
STREET ADDRESS	5001 GASPARILLA ROAD
CITY - ST - ZIP	BOCA GRANDE FL
TITLE	D
NAME	DENKINS, ANNEADARE
STREET ADDRESS	DUNES OF BOCA GRANDE
CITY - ST - ZIP	BOCA GRANDE FL

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Deborah V. Baker	(176 Gulf Blvd)
1.3 STREET ADDRESS	P.O. Box 1170	
1.4 CITY - ST - ZIP	Boca Grande, FL 33921	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peter Sholley	
2.3 STREET ADDRESS	P.O. Box 1421	
2.4 CITY - ST - ZIP	Boca Grande, FL 33921	(1120 11th St.)
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Anne Adare Wood Denkins	
3.3 STREET ADDRESS	P.O. Box 718	
3.4 CITY - ST - ZIP	Boca Grande, FL 33921	(4043 Shore Lane)
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Daniel Carten	(420 Gulf Blvd)
4.3 STREET ADDRESS	P.O. Box 1306	
4.4 CITY - ST - ZIP	Boca Grande, FL 33921	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Anna Bowditch	(South Gulf Blvd)
5.3 STREET ADDRESS	P.O. Box 421	
5.4 CITY - ST - ZIP	Boca Grande, FL 33921	
6.1 TITLE	Artistic Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kristina Johnson	(370 Tarpon Ave)
6.3 STREET ADDRESS	P.O. Box 751	
6.4 CITY - ST - ZIP	Boca Grande, FL 33921	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information 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 017, Florida Statutes, and if my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kristina I. Johnson* **Kristina I. Johnson** 4-25-95 812-964-2670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Mailing Address)