

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000004668 (0)

1. Corporation Name

WEKIVA RIVER PLAYERS, INC.



Principal Place of Business

Mailing Address

P O BOX 915271
LONGWOOD FL 32791
US

P O BOX 915271
LONGWOOD FL 32791
US

3. Date Incorporated or Qualified
10/15/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3200294	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLOKE, SARAH
1156 N. FLORAL WAY
APOPKA FL 32712

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President, D
NAME	ZELEZNIK, FRANK	1.2 NAME	Kean, Michael
STREET ADDRESS	103 ROYAL OAK CIRCLE	1.3 STREET ADDRESS	116 N. Weathersfield Ave,
CITY-ST-ZIP	LONGWOOD FL 32779	1.4 CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE	VPD	2.1 TITLE	Vice President, D
NAME	SALDARRIAGE, BARBARA	2.2 NAME	Bill Sissom
STREET ADDRESS	504 SPRING CREEK DRIVE	2.3 STREET ADDRESS	364 Lakewood Ct.
CITY-ST-ZIP	LONGWOOD FL 32779	2.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	SD	3.1 TITLE	Secretary, D
NAME	NATUKORUS, JOYCE	3.2 NAME	Shane Wages, D
STREET ADDRESS	427 S. HAWTHORNE CIRCLE	3.3 STREET ADDRESS	2442 Econ Cir. Apt. 134
CITY-ST-ZIP	WINTER SPRINGS FL 32708	3.4 CITY-ST-ZIP	Orlando, FL 32817
TITLE	T	4.1 TITLE	Treasurer, D
NAME	CLOKE, SARAH	4.2 NAME	Sharon Shuman
STREET ADDRESS	1156 N FLORAL WAY	4.3 STREET ADDRESS	3165 Foxwood Dr.
CITY-ST-ZIP	APOPKA FL 32703	4.4 CITY-ST-ZIP	Apopka FL 32703
TITLE	PRO	5.1 TITLE	Public Relations, D???
NAME	CARTER, ROCHELLE	5.2 NAME	Jean Nelson
STREET ADDRESS	1068 WINDSONG CIRCLE	5.3 STREET ADDRESS	532 Greeley St.
CITY-ST-ZIP	APOPKA FL 32714	5.4 CITY-ST-ZIP	Orlando FL 32804
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon W. Shuman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 (407) 788-3704

Date Daytime Phone

CR2E037 (12/95)