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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32791-5271 US

3. Date Incorporated or Qualified 10/15/1993
3a. Date of Last Report 05/01/1996
4. FEI Number 59-3200294
Applied For Not Applicable
5. Certificate of Status Desired [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [] No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 29 30

9. Name and Address of Current Registered Agent
CLOKE, SARAH
1156 N. FLORAL WAY
APOPKA FL 32712

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 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEAN, MICHAEL	
STREET ADDRESS	116 N. WEATHERSFIELD AVE.	
CITY-ST-ZIP	ALTA MONTE SPRINGS FL 32714	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SISSOM, BILL	
STREET ADDRESS	354 LAKEWOOD CT.	
CITY-ST-ZIP	LAKE MARY FL 32748	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WAGES, SHANE	
STREET ADDRESS	2442 ECON CIR. APT. 134	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHUMAN, SHARON	
STREET ADDRESS	3165 FOXWOOD DR.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, JOAN	
STREET ADDRESS	532 GREELEY ST.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Amy Avallone
2.3 STREET ADDRESS	426 Evesham Pl.
2.4 CITY-ST-ZIP	Longwood, FL 32779
3.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Shane Wages
3.3 STREET ADDRESS	119 Oak Leaf Lane
3.4 CITY-ST-ZIP	Longwood, FL 32779
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sarah Cloke
5.3 STREET ADDRESS	1156 N. Floral Way
5.4 CITY-ST-ZIP	Apopka, FL 32703
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 SHARON W. SHUMAN 1/29/97 788-2288 (407)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015364

CR2E037 (9/96)