

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
US

3. Date Incorporated or Qualified

10/15/1993

4. FEI Number

59-3200294

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 Cloke, Sarah
82 Street Address (P.O. Box Number is Not Acceptable) 3000 Nicholson Drive
83
84 City Winter Park FL 85 Zip Code 32792

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

Sarah Cloke, Director

4/21/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retaining or adding changes to officers and directors in 12)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEAN, MICHAEL	
STREET ADDRESS	116 N. WEATHERSFIELD AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AVALLONE, AMY	
STREET ADDRESS	426 EVESHAM PLAVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WAGES, SHANE	
STREET ADDRESS	119 OAK LEAF LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHUMAN, SHARON	
STREET ADDRESS	3165 FOXWOOD DR.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLOKE, SHARON	
STREET ADDRESS	1156 NORTH FLORAL WAY	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carol Sissom	
1.3 STREET ADDRESS	354 Lakewood Ct.	
1.4 CITY-ST-ZIP	Lake Mary, FL 32746	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Amy Avallone	
2.3 STREET ADDRESS	426 Evesham Place	
2.4 CITY-ST-ZIP	Longwood, FL 32779	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barbara Saldarriaga	
3.3 STREET ADDRESS	504 Springcreek Dr.	
3.4 CITY-ST-ZIP	Longwood, FL 32779	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joan Braun	
4.3 STREET ADDRESS	104 Cambridge Dr.	
4.4 CITY-ST-ZIP	Longwood, FL 32779	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sarah Cloke	
5.3 STREET ADDRESS	3000 Nicholson Drive	
5.4 CITY-ST-ZIP	Winter Park, FL 32792	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Derek Powell	
6.3 STREET ADDRESS	2940 Cypress Chase Lane FL	
6.4 CITY-ST-ZIP	Oviedo, FL 32765 51	

14. I 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: Carol Sissom CAROL Sissom 4/21/98 (407)322-3606

CR2E037 (10/97)