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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N93000004668

1. Corporation Name  
**WEKIVA RIVER PLAYERS, INC.**

Principal Place of Business: P O BOX 915271, LONGWOOD FL 32791, US  
 Mailing Address: P O BOX 915271, LONGWOOD FL 32791, US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/15/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3200294
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

CLOKE, SARAH  
 3000 NICHOLSON DRIVE  
 WINTER PARK FL 32792

81 Name: **SUE A. SCHOONOVER**  
 82 Street Address (P.O. Box Number is Not Acceptable): **124 LEDBURY DRIVE**  
 83  
 84 City: **LONGWOOD** FL 85 Zip Code: **32779**

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: *Sue A. Schoonover* DATE: **4/19/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	KEAN, MICHAEL	1.2 NAME	Avallone, Amy
STREET ADDRESS	116 N. WEATHERSFIELD AVE.	1.3 STREET ADDRESS	426 Evesham Place
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	V	2.1 TITLE	VP
NAME	AVALLONE, AMY	2.2 NAME	Barbara Saldarriaga
STREET ADDRESS	426 EVESHAM PLAVE	2.3 STREET ADDRESS	504 Springcreek Dr.
CITY-ST-ZIP	LONGWOOD FL 32779	2.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	TD	3.1 TITLE	Secretary S
NAME	SISSON, CAROL	3.2 NAME	Joan Braun
STREET ADDRESS	354 LAKEWOOD CT	3.3 STREET ADDRESS	104 CAMBRIDGE DR.
CITY-ST-ZIP	LAKE MARY FL 32746	3.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D	4.1 TITLE	Treasurer T
NAME	SALDARRIAGA, BARBARA	4.2 NAME	Sue Schoonover
STREET ADDRESS	504 SPRINGCREEK DR	4.3 STREET ADDRESS	124 LEDBURY DR
CITY-ST-ZIP	LONGWOOD FL 32779	4.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D	5.1 TITLE	Director D
NAME	CLOKE, SHARON	5.2 NAME	Carol Sisson
STREET ADDRESS	3000 NICHOLSON DRIVE	5.3 STREET ADDRESS	354 Lakewood Ct.
CITY-ST-ZIP	WINTER PARK FL 32792	5.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	S	6.1 TITLE	Director D
NAME	POWELL, DEREK	6.2 NAME	DOUG CAREY
STREET ADDRESS	2940 CYPRESS CHASE LANE	6.3 STREET ADDRESS	601 N. LONGVIEW
CITY-ST-ZIP	OVIDO FL 32765	6.4 CITY-ST-ZIP	LONGWOOD, FL 32779

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, with all other like empowered.

SIGNATURE: *Derek Powell* DATE: **4/19/99** DAYTIME PHONE #: **407-774-9499**

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**WEKIVA RIVER PLAYERS, INC.**

**Nonprofit Corporation Annual Report – 1999**

**Line 13, Additional Directors:**

- 7.1 Director
- 7.2 Julie Burkey
- 7.3 1896 Wingfield Drive
- 7.4 Longwood, FL 32779