

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005580

**Entity Name:** THE VALERIE PLAYERS, INC**Current Principal Place of Business:**311 N MAIN STREET  
INVERNESS, FL 34450**Current Mailing Address:**311 W MAIN ST  
INVERNESS, FL 34450 US**FEI Number:** 30-0878728**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEGA, LINDA  
311 W MAIN ST  
INVERNESS, FL 34450 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** LINDA BEGA

03/02/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREA, DIRECTOR
Name	BEGA, LINDA
Address	311 W MAIN ST
City-State-Zip:	INVERNESS FL 34450

Title	DIRECTOR, PRESIDENT
Name	WHITNEY, SUE
Address	9433 E. BEECH CIRCLE
City-State-Zip:	INVERNESS FL 34450

Title	DIRECTOR, VP
Name	KOCH, JOHN
Address	311 N MAIN STREET
City-State-Zip:	INVERNESS FL 34450

Title	SECRETARY, DIRECTOR
Name	PLAISTED, CAMI
Address	311 N MAIN STREET
City-State-Zip:	INVERNESS FL 34450

Title	DIRECTOR
Name	LEVATO, AJ
Address	311 N MAIN STREET
City-State-Zip:	INVERNESS FL 34450

Title	DIRECTOR
Name	KATHERINE, GODMAN
Address	417 HEMLOCK ST
City-State-Zip:	INVERNESS FL 34452

Title	DIRECTOR
Name	CHRISTINA, REYNOLDS
Address	221 N NASHVILLE AVE
City-State-Zip:	HERNANDO FL 34442

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA BEGA**MANAGER**

03/02/2024

Electronic Signature of Signing Officer/Director Detail

Date