

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004668

Entity Name: WEKIVA RIVER PLAYERS, INC.

Current Principal Place of Business:

C/O DANA ANDERSON, ESQ.
2949 W. STATE ROAD 434 SUITE 100
LONGWOOD, FL 32779

Current Mailing Address:

P O BOX 915271
LONGWOOD, FL 32791 US

FEI Number: 59-3200294

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, DANA K ESQ.
C/O DANA ANDERSON, ESQ.
2949 W. STATE ROAD 434 SUITE 100
LONGWOOD, FL 32779 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: DANA ANDERSON, ESQ.

01/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name ANDERSON, SHERYL
Address P O BOX 915271
City-State-Zip: LONGWOOD FL 32791

Title PRES
Name GAGLIARDI, CHRISTINE
Address P O BOX 915271
City-State-Zip: LONGWOOD FL 32791

Title DIRECTOR
Name TRACY, DIANE
Address P O BOX 915271
City-State-Zip: LONGWOOD FL 32791

Title SECRETARY
Name MASON, STACY
Address PO BOX 915271
City-State-Zip: LONGWOOD FL 32791

Title VP
Name SHAFFER, SHERYL
Address PO BOX 915271
City-State-Zip: LONGWOOD FL 32791

Title DIRECTOR
Name ELDUFF, HALLIE
Address PO BOX 915271
City-State-Zip: LONGWOOD FL 32791

Title DIRECTOR
Name WILLIAMSON, BILLY
Address PO BOX 915271
City-State-Zip: LONGWOOD FL 32779

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: SHERYL ANDERSON

TREASURER

01/19/2020

Electronic Signature of Signing Officer/Director Detail

Date