

**2016 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.

01/31/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title VP  
Name TINDALL, JULIE  
Address P O BOX 915271  
City-State-Zip: LONGWOOD FL 32791

*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**

01/31/2016

Electronic Signature of Signing Officer/Director Detail

Date