2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004668

Entity Name: WEKIVA RIVER PLAYERS, INC.

FILED
Jan 21, 2018
Secretary of State
CC8794991729

Current Principal Place of Business:

C/O DANA ANDERSON, ESQ. 2949 W. STATE ROAD434 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 ROAD434 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. 01/21/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREA Title PRES

Name ANDERSON, SHERYL Name GAGLIARDI, CHRISTINE

Address P O BOX 915271 Address P O BOX 915271

City-State-Zip: LONGWOOD FL 32791 City-State-Zip: LONGWOOD FL 32791

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 CONNOR, WENDY
 Name
 MASON, STACY

 Address
 P O BOX 915271
 Address
 PO BOX 915271

City-State-Zip: LONGWOOD FL 32791 City-State-Zip: LONGWOOD FL 32791

TitleRECORDING SECRETARYTitleDIRECTOR, VPNameSHAFFER, SHERYLNameLUSIGNAN, KORIAddressPO BOX 915271AddressPO BOX 915271

City-State-Zip: LONGWOOD FL 32791 City-State-Zip: LONGWOOD FL 32791

Title DIRECTOR

Name PETERSOHN, KIMBERLY

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 E. ANDERSON TREASURER 01/21/2018