

**2021 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.**

**01/30/2021**

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           VP  
Name           MASON, STACY  
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           PRESIDENT  
Name           WILLIAMSON, BILLY  
Address        PO BOX 915271  
City-State-Zip: LONGWOOD FL 32779

Title           SECRETARY  
Name           KONNIE, KUBEC  
Address        P O BOX 915271  
City-State-Zip: LONGWOOD FL 32791

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

Title           DIRECTOR  
Name           VERONICA, ABREU  
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**

**01/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date