SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **700986** **(3)**

1. Corporation Name
OSCEOLA PLAYERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
OSCEOLA CENTER FOR ARTS IRLO BRONSON HWY KISSIMMEE FL 34742 US	2411 E. IRLO BRONSON HWY P.O. BOX 420861 KISSIMMEE FL 34742-0861

3. Date Incorporated or Qualified: 05/19/1960
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-6179937 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

SIKORSKI, RICHARD W
107 MILTA LANE
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

81 Name: gail Eck
82 Street Address (P.O. Box Number is Not Acceptable): 410 Cart Court
83: Poinciana
84 City: , FL 85 Zip Code: 34759

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Gail R. Eck — DATE: 7/11/95
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	TATE, DEBREA	12 NAME	Gail Eck	
STREET ADDRESS	237 LOUISIANA AVE	13 STREET ADDRESS	410 Cart Court	
CITY-ST-ZIP	ST CLOUD FL	14 CITY-ST-ZIP	Poinciana, Fl. 34759	
TITLE	VD	21 TITLE	VD	☑ Change ☐ Addition
NAME	DONAHUE, DIRK	22 NAME	M.J. Reich	
STREET ADDRESS	12912 MONTANA WOODS LANE	23 STREET ADDRESS	1874 Bramblewood Dr	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	St. Cloud, Fl. 34769	
TITLE	TD	31 TITLE	TD	☑ Change ☐ Addition
NAME	SIKORSKI, RICHARD W	32 NAME	MARIANNE DAVITT	
STREET ADDRESS	107 MILTA LN	33 STREET ADDRESS	1612 Osceola Pk Dr	
CITY-ST-ZIP	KISSIMMEE FL	34 CITY-ST-ZIP	Kissimmee, Fl. 34741	
TITLE	SD	41 TITLE	SD	☑ Change ☐ Addition
NAME	CARSWELL, GREG	42 NAME	Noreen Bryan	
STREET ADDRESS	3143 COUNCIL CT	43 STREET ADDRESS	818 Cardinal Way	
CITY-ST-ZIP	KISSIMMEE FL	44 CITY-ST-ZIP	Poinciana, Fl. 34759	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gail R. Eck — 7/11/95 — (407) 847-0176
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #
ext. 3210

0010072