2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 701937

Entity Name: THE NAPLES PLAYERS, INC.

Current Principal Place of Business:

SUGDEN COMMUNITY THEATRE
701 5TH AVE SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

SUGDEN COMMUNITY THEATRE
701 5TH AVE SOUTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-6154976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLASP, INC.
3001 TAMIAMI TRAIL NORTH
4TH FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: GRUSZKA, MARGARET M
Address: 528 HENLEY DR
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: HOFFMAN, AMY
Address: 107 WILDERNESS DR
City-St-Zip: NAPLES, FL 34105

Title: TD ( ) Delete
Name: TAYLOR, MARY
Address: 6482 BIRCHWOOD COURT
City-St-Zip: NAPLES, FL 34193

Title: D ( ) Delete
Name: BROWN, CHARLES
Address: 5950 PELICAN BAY BLVD 115
City-St-Zip: NAPLES, FL 34108

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: LITTLE, JAMES
Address: 4551 GULF SHORE BLVD. N. 900
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: CAPLE, TERRI
Address: 2511 MANORCA AVENUE
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Change (X) Addition
Name: RIDEOUTTE, JAMES T
Address: 1125 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES T. RIDEOUTTE D 01/13/2009

Electronic Signature of Signing Officer or Director — Date