FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

713216

(0)

FILED					
Apr 06 1998 8:00am					
Secretary of State					

1. Corporation Name					
THE ISLAND PLAYERS, INC.					
Principal Place	e of Business	Mailing Address			
		-	Sur P		
10009 GULF DR CORNER PINE PO BOX 2059		10009 GULF DR CORNER PO BOX 2059	PINE	3. Date Incorporated or Qualified	
ANNA MARIA FL 34216		ANNA MARIA FL 34216		08/18/1967 4. FEI Number Applied For	
				4. FEI Number Applied For Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address		C9.75 1 4 (Nove)	
21		26		5. Certificate of Status Desired Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing\$5.00 May Be	
City & State		Otto P. Chale	·	Trust Fund Contribution Added to Fees	
23	•	City & State		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Registered Agent	
81 Name				SAME	
MCDOWELL, SAMUEL F.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	RING AVE		63		
ANNA M	IARIA FL 34216				
			64 City	FL 85 Zip Code	
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.					
office or re agent. La	egistered agent, or both, in the State m familiar with, and accept the oblige	of Florida. Such change was tions of, Section 617.0503, F	authorized by the corporal lorida Statutes.	tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE					
40	Signature, typed or printed name of registered ager OFFICERS AND		TE: Registered Agent signature requi		
12.	1D	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	MCDOWELL, SAM		1.2 NAME		
STREET ADDRESS	309 SPRING AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ANNA MARIA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	Change Addition	
NAME	DAVIS, LINDA		2.2 NAME		
STREET ADDRESS	212 85 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BCH FL	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition	
NAME	PD CIEVENS DUTH		3.1 HILE 3.2 NAME	Change Discussion	
STREET ADDRESS	STEVENS, RUTH 3718 59TH STREET DRIVE		3.3 STREET ADDRESS	:	
CITY-ST-ZIP	BRADENTON FL		3.4. CITY-ST-ZIP		
TITLE	SD	DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	EDER, DOROTHY		4. 2 NAME		
STREET ADDRESS	7409 7TH AVE W		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP	Change Addition	
TITLE		III) DELETE	6.1 TITLE	Cyalife C Kodilloii	
NAME Street adoress			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
VIII-91-71			0.4 (J117-31-ZIF		

I hereby certify that the information supplied with this filling 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 this 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.

GNATURE:

MANUAL SAME DANCE 3/3//98 94/-778-2732