2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 8:00 am Secretary of State

DOCUMENT # 713216 1. Entity Name THE ISLAND PLAYERS, INC.								02-07-2005 90052 033 ****61.25	
Principal Place of Business 10009 GULF DR CORNER PINE PO BOX 2059 ANNA MARIA, FL 34216				Mailing Address 10009 GULF DR CORNER PINE PO BOX 2059 ANNA MARIA, FL 34216					
2. Principal P	lace of Busir	3. Mai	3. Mailing Address				1 10011 10866 11060 11110 11010 11110 1111 1111		
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01232005 Chg-NP CR2E037 (10/03)	
City & State			Ci	City & State				4. FEI Number Applied For 59-1171146 Not Applicable	
-Zip		Country	- Zi	р	∽ -Coı	untry	# 41 1 DT	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Curr		t Registered Agent			7. Name and Address of New Registered Agent Name				
MCDOWELL, SAMUEL F. 309 SPRING AVE						Street Address (P.O. Box Number is Not Acceptable)			
ANNA MAI									
							City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.									
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstituting) DATE									
Filing Fee is \$61.25 9. Election Campaign Financing \$5,00 May Be Make check payable to									
Due by May 1, 2005 Trust Fund Contribution. LI Added to Fees Florida Department of State									
TITLE	TD	OFFICERS AND L	JIREC TORS	Delete Ti				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition	
NAME STREET ADDRESS	NAME MCDOWELL, SAM STREET ADDRESS 309 SPRING AVE			NAM Str					
CITY-ST-ZIP	ANNA MARIA, FL			Cr					
TITLE NAME	VD DAVIS, LINDA			☐ Delete			PD	Change Addition	
STREET ADDRESS				s			s .		
	THOURING DOTATE					(-SI-ZIP .E	VD	Change — Addition	
NAME STREET ADDRESS	DOEDEN, ALICE RESS 5537 FISHERMANS DR.					NAME FARRUA, PEGGY STREET ADDRESS 521 2074 STREET			
CITY-ST-ZIP						Y-ST-ZIP	BRI	ADENTON BEACH, FL 34217	
TITLE NAME	SD WHITE, H	HELEN	•	Delete	TITL NAM			Change Addition	
STREET ADDRESS CITY-ST-ZIP	673 KEY ROYALE DR					EET ADDRESS Y-ST-ZIP			
TITLE	HOLMES BEACH, FL 34217 CIT							☐ Change ☐ Addition	
NAME STREET ADDRESS				_	NAM STR	ME EET ADDRESS			
CITY-ST-ZIP						Y-ST-ZIP	in t		
TITLE NAME	# P P P P P P P P P P P P P P P P P P P							Change Addition	
STREET ADDRESS CITY-ST-2P					STR	eet address Y-ST-ZIP	-		
13 Lhoroby	certify that th	ne information supplied w	ith this filing	g does not qualify fo	t the eve	emption eta	ted in Se	section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director	
of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: Somuel F. Mc House M. M. Dowel / 402/04/05 SIGNATURE AND TYPED OR PRINTED IN SIGNATURE AND TYPED									