


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

04-07-2008 90032 042 ****61.25

DOCUMENT # 713216			
1. Entity Name THE ISLAND PLAYERS, INC.			
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 Place of Business - No P.O. Box # <i>10009 GULF DRIVE</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>ANNA MARIA FL</i>		City & State	
Zip <i>34216</i>	Country <i>USA</i>	Zip	Country
4. FEI Number 59-1171146		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCDOWELL, SAMUEL F. 309 SPRING AVE ANNA MARIA, FL 34216		Name <i>FAARUP, PEGGY</i>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<i>521 70th STREET</i>	
		City <i>BRADENTON BEACH</i>	FL Zip Code <i>34217</i>
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.			
SIGNATURE: <i>Peggy L. Faarup</i>		DATE: _____	
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD MCDOWELL, SAM 309 SPRING AVE ANNA MARIA, FL <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD DAVIS, LINDA 212 85 ST HOLMES BCH, FL <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD FAARUP, PEGGY 521 70TH STREET BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD WHITE, HELEN 673 KEY ROYALE DR HOLMES BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	PD AMBRUSE, NANCY 264 SOUTH HARBOR DR. HOLMES BEACH, FL 34217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VD GRANT, BOB 7001 82nd AVE WEST BRADENTON, FL 34209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Peggy L. Faarup</i>		Date: <i>3-3-08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	