

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713216

FILED  
Apr 21, 2012  
Secretary of State

**Entity Name:** THE ISLAND PLAYERS, INC.

**Current Principal Place of Business:**

10009 GULF DRIVE  
ANNA MARIA, FL 34216 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2059  
ANNA MARIA, FL 34216 US

**New Mailing Address:**

**FEI Number:** 59-1171146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAARUP, PEGGY  
2505 SONGBIRD LANE  
BRADENTON, FL 34209 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: P  
Name: HARRELL, DOLORES  
Address: 6300 FLOTILLA #109  
City-St-Zip: HOLMES BEACH, FL 34217

Title: VD  
Name: GRANT, BOB  
Address: 7001 87TH AVENUE WEST  
City-St-Zip: BRADENTON, FL 34209

Title: TD  
Name: FAARUP, PEGGY  
Address: 521 70TH STREET  
City-St-Zip: BRADENTON BEACH, FL 34217

Title: SD  
Name: WHITE, HELEN  
Address: 673 KEY ROYALE DR  
City-St-Zip: HOLMES BEACH, FL 34217

Title: SD  
Name: DAVIS, LINDA  
Address: 502 72ND STREET  
City-St-Zip: HOLMES BEACH, FL 34217

Title: ACCT  
Name: COOPER, BEN A  
Address: 11441 PERICO ISLE CIRCLE  
City-St-Zip: BRADENTON, FL 34209

I hereby 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 all other like empowered.

SIGNATURE: DOLORES HARRELL

P

04/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date