

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 23, 2009**  
**Secretary of State**

DOCUMENT# 734228

**Entity Name:** THE ICEHOUSE PLAYERS, INC.**Current Principal Place of Business:**1100 N UNSER ST.  
MOUNT DORA, FL 32757**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 759  
MOUNT DORA, FL 32756**New Mailing Address:****FEI Number:** 59-6152541**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**EFTA, GEG RA  
406 FOX VALLEY DRIVE  
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**EFTA, GREG RA  
406 FOX VALLEY DRIVE  
LONGWOOD, FL 32779 US

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: GREG EFTA

11/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTR ( ) Delete  
Name: EFTA, GREG PTR  
Address: 406 FOX VALLEY DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: VTR ( ) Delete  
Name: DARST, Nanci VTR  
Address: 6033 FALCON BRIDGE PLACE  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: TTR ( ) Delete  
Name: ARO, BRENDA TTR  
Address: 701 LAKESHORE DRIVE  
City-St-Zip: EUSTIS, FL 32726 US

Title: STR ( ) Delete  
Name: LASHAR, RUTH STR  
Address: 1051 S. HIGHLAND STREET; #2A  
City-St-Zip: MOUNT DORA, FL 32757 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: STR (X) Change ( ) Addition  
Name: HOLLINGSWORTH, SHARLEE STR  
Address: 6962 LAKE OLA DRIVE  
City-St-Zip: MOUNT DORA, FL 32757 US

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: GREG EFTA

PTR

11/23/2009

Electronic Signature of Signing Officer or Director

Date