


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90184 021 ****61.25

DOCUMENT # 761686	
1. Entity Name THE PELICAN PLAYERS, INC.	

Principal Place of Business 1904 CLUBHOUSE DRIVE P.O. BOX 5142 SUN CITY CENTER, FL 33571 US	Mailing Address 1904 CLUBHOUSE DRIVE P.O. BOX 5142 SUN CITY CENTER, FL 33571 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent WALLACE, JAMES M. 420 OLD MAIN STREET, WEST BRADENTON, FL 33506	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MURPHY, PAT <input checked="" type="checkbox"/> Delete 241 COURTYARD BLVD, APT 103 SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WEISMANTEL, WALTER <input type="checkbox"/> Delete 1231 HADDINGTON CIRCLE SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOSTER, JOHN <input type="checkbox"/> Delete 305 CRANSTON PL. SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VIOHL, RUDY <input type="checkbox"/> Delete 2204 NEW BEDFORD DR SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAYE, HELEN <input type="checkbox"/> Delete 237 COURTYARD BLVD, APT 207 SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OSTRANDER, ROSE <input checked="" type="checkbox"/> Delete 2419 NANTUCKET HARBOR LOOP SUN CITY CENTER, FL 33573

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JACOBS, ELIZABETH 2119 STERLING GLEN COURT SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WIRICK, CHARLES CHARLES 1016 FORDHAM DRIVE SUN CITY CENTER, FL 33573

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.	
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SIGNATURE: <i>Elizabeth Jacobs, Treasurer</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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40079006



01252006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2170051	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALLACE, JAMES M. 420 OLD MAIN STREET, WEST BRADENTON, FL 33506		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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SIGNATURE: <i>Elizabeth Jacobs, Treasurer</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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04/27/06 (813) 633-3073