2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State
03-30-2007 90141 003 ****61.25

DOCUMENT # 761686

1. Entity Name

THE PELICAN PLAYERS, INC.

Principal Place of Business	Mailing Address
1904 CLUBHOUSE DRIVE P.O. BOX 5142 SUN CITY CENTER FL 33571 US	1904 CLUBHOUSE DRIVE P.O. BOX 5142 SUN CITY CENTER FL 33571 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2170051 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY ST ZIP	TD JACOBS, ELIZABETH 2119 STERLING GLEN COURT SUN CITY CENTER FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD WEISMANTEL, WALTER 1231 HADDINGTON CIRCLE SUN CITY CENTER FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D FOSTER, JOHN 305 CRANSTON PL. SUN CITY CENTER FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D VIOHL, RUDY 2204 NEW BEDFORD DR SUN CITY CENTER FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	CORRESPONDING SECRETARY ☐ Change ☒ Addition BARBARA BRTVA 501 A FALKIRK CT SUN CITY CENTER, FL. 33573
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D KAYE, HELEN 237 COURTYARD BLVD, APT 207 SUN CITY CENTER FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ☐ Change ☒ Addition DORA MURRAY 2202 CLUBHOUSE DVE. SUN CITY CENTER, FL. 33573
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD WIRICK, CHARLES 1016 FORDHAM DRIVE SUN CITY CENTER FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Elizabeth Nicola S. Treasurer 03/19/07 1-813-633-3073