2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2008 8:00 am **DOCUMENT # 761686 Secretary of State** 1. Entity Name 03-31-2008 90036 032 ****61.25 THE PELICAN PLAYERS, INC. Principal Place of Business Mailing Address 1904 CLUBHOUSE DRIVE P.O. BOX 5142 SUN CITY CENTER FL 33571 1904 CLUBHOUSE DRIVE P.O. BOX 5142 SUN CITY CENTER FL 33571 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State 4. FEI Number City & State Applied For 59-2170051 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALLACE, JAMES M. Street Address (P.O. Box Number is Not Acceptable) 420 OLD MAIN STREET, WEST **BRADENTON FL 33506** 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 4 ature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regioned when reinstating) FILE NOW: FEE IS \$61.25 : - Milelias : 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DIRECTOR TITLE ☐ Delete TITLE ☐ Change Addition JACOBS, ELIZABETH NAME RICHARD NAME YARGER 2119 STERLING GLEN COURT STREET ADDRESS STREET ADDRESS 1408 VANTANA DR SUN CITY CENTER FL 33573 CITY - ST - ZIP CITY-ST-ZIP SUN CITY CENTER. VD Delete TITLE VIC*E-PRESIDENT* ☐ Change ★ Addition WEISMANTEL, WALTER NAME ROSE OSTRANDER 2419 NANTUCKET HARBOR LOOP NAME 1231 HADDINGTON CIRCLE STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER Dolata DIRECTOR TITLE FOSTER, JOHN NAME NAME BUDZIAK CHESTER STREET ADDRESS 305 CRANSTON PL. 1215 RADISON AVE STREET ADDRESS SUN CITY CENTER, SUN CITY CENTER FL 33573 CITY-ST-7IP CITY-ST-ZIP . *3*35*73* DIRECTOR TITLE ☐ Delete TITLE BRTVA, BARBARA NAME NAME PAUL HUNT 2021 HEREFORD DR 501 A FALKIRK CT STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER. FL. 33573 TITLE Delete 11111 DIRECTOR Addition 🔀 Change MURRAY, DORA NAME NAME JOANNA RUDY 2202 CLUBHOUSE DRIVE 633 ALLEGHENY DR. STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP FL, 33573 <u>SUN CITY CENTER</u> DIRECTOR Delete HE Change Addition WIRICK, CHARLES EVA HOOLEY NAME NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 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 en 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.

FILED

SIGNATURE: Elah A G (200), EKIZABETH A. JACOBS 03/14/08 1-813-633-3073