

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761686

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE PELICAN PLAYERS, INC.

Current Principal Place of Business:

1904 CLUBHOUSE DRIVE
P.O. BOX 5142
SUN CITY CENTER, FL 33571 US

New Principal Place of Business:

2119 STERLING GLEN COURT
SUN CITY CENTER, FL 33573 US

Current Mailing Address:

1904 CLUBHOUSE DRIVE
P.O. BOX 5142
SUN CITY CENTER, FL 33571 US

New Mailing Address:

2119 STERLING GLEN COURT
SUN CITY CENTER, FL 33573 US

FEI Number: 59-2170051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, JAMES M.
420 OLD MAIN STREET, WEST
BRADENTON, FL 33506 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: TD () Delete
Name: JACOBS, ELIZABETH
Address: 2119 STERLING GLEN COURT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP () Delete
Name: OSTRANDER, ROSE
Address: 2419 NANTUCKET HARBOR LOOP
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: BUDZIAK, CHESTER
Address: 1215 RADISON AVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: S () Delete
Name: BRTVA, BARBARA
Address: 501 A FALKIRK CT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: MURRAY, DORA
Address: 2202 CLUBHOUSE DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: PD () Delete
Name: WIRICK, CHARLES
Address: 1016 FORDHAM DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

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: S (X) Change () Addition
Name: MOSELEY, MARY ANNE
Address: 1907 INVERNESS GREENS DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELIZABETH JACOBS

TD

04/15/2009

Electronic Signature of Signing Officer or Director

Date