

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01802

FILED
May 01, 2009
Secretary of State

Entity Name: PENINSULA PLAYERS, INC.

Current Principal Place of Business:

C/O ALFRED E. RICHTER
5540 W FIFTH ST. #38
OXNARD, CA 93035 US

New Principal Place of Business:

Current Mailing Address:

%ALFRED E. RICHTER
5540 W FIFTH ST #38
OXNARD, CA 93035 US

New Mailing Address:

FEI Number: 59-2505710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PERRY, DAN
575 BAYSIDE DRIVE
FORT MYERS, FL 33919 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: DP () Delete
Name: RICHTER, ALFRED E.
Address: 5540 W FIFTH ST #38
City-St-Zip: OXNARD, CA 93035

Title: D () Delete
Name: RICHTER, MARTHA
Address: 5540 W FIFTH ST #38
City-St-Zip: OXNARD, CA 93035

Title: D () Delete
Name: WILKES, DIANE
Address: 15206 IONA LAKES DRIVE
City-St-Zip: FT. MYERS, FL 33908

Title: D () Delete
Name: PERRY, DAN
Address: 575 BAYSIDE DRIVE
City-St-Zip: FT. MYERS, FL 33919

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: () 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: ALFRED E RICHTER

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date