

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008715

FILED
Mar 20, 2008
Secretary of State

Entity Name: PREMIER PLAYERS SPORTS FOUNDATION, INC.

Current Principal Place of Business:

16608 MEADOW GROVE ST
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 341064
TAMPA, FL 33694

New Mailing Address:

FEI Number: 20-1529781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, CARNELL
16608 MEADOW GROVE ST
TAMPA, FL 33624 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: CHMN () Delete
Name: MOORE, CARNELL
Address: 16608 MEADOW GROVE ST
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: MOORE, NANCY A DR.
Address: 16608 MEADOW GROVE ST
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: LEWIS, FREDERICK J SR.
Address: 8117 N 11 ST
City-St-Zip: TAMPA, FL 33604

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:

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: CARNELL MOORE

CHMN

03/20/2008

Electronic Signature of Signing Officer or Director

Date