

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008715

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** PREMIER PLAYERS SPORTS FOUNDATION, INC.

**Current Principal Place of Business:**

3808 CYPRESS MEADOWS ROAD  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

3808 CYPRESS MEADOWS ROAD  
TAMPA, FL 33624

**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  
3808 CYPRESS MEADOWS ROAD  
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  
Name: MOORE, CARNELL  
Address: 16608 MEADOW GROVE ST  
City-St-Zip: TAMPA, FL 33624

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

Title: D  
Name: HALE, MERCEDES G  
Address: 201 E. KENNEDY BLVD. STE. 425  
City-St-Zip: TAMPA, FL 33602

I hereby 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 all other like empowered.

SIGNATURE: CARNELL MOORE

CHMN

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date