

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90028 003 ****61.25

DOCUMENT # N05000003443

1. Entity Name
CITY PLAYERS, INC.



Principal Place of Business
**201 LEEWARD ISLAND
CLEARWATER, FL 33767**

Mailing Address
**201 LEEWARD ISLAND
CLEARWATER, FL 33767**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212006

Chg-NP

CR2E037 (11/05)

4. FEI Number

14-1927325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PUCCI, PATRICE A
2719 1ST AVE N
ST PETERSBURG, FL 33743**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, MYRON	
STREET ADDRESS	30 THOMAS LN	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUDIN, RICHARD	
STREET ADDRESS	201 LEEWARD ISLAND	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONTAREK, CHRISTINE	
STREET ADDRESS	3038 LONGBROOKE WAY	
CITY-ST-ZIP	CLEARWATER, FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniels, Myron - T	
STREET ADDRESS	30 Thomas Lane	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Budin, Richard - T	
STREET ADDRESS	201 Leeward Island	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gontarek, Christine - T	
STREET ADDRESS	3038 Longbrooke Way	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gray, Callie - T	
STREET ADDRESS	2046 Bay Blvd. #2	
CITY-ST-ZIP	Indian Rocks, FL 33785	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pucci, Betty Jane - T	
STREET ADDRESS	2406 Sommerlin Dr.	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pucci, Patrice - T	
STREET ADDRESS	8071 37th Ave. N.	
CITY-ST-ZIP	St. Petersburg, FL 33710	


12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PAGE 1 OF 2 CONTINUED NEXT PAGE

SIGNATURE:

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N05000003443 1. Entity Name CITY PLAYERS, INC.					
Principal Place of Business 201 LEEWARD ISLAND CLEARWATER, FL 33767			Mailing Address 201 LEEWARD ISLAND CLEARWATER, FL 33767		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 14-1927325	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUCI, PATRICE A 2719 1ST AVE N ST PETERSBURG, FL 33743				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete DANIELS, MYRON 30 THOMAS LN OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Anderson, Norma Jean - T 1266 Gulf Blvd. #40 Indian Rocks Beach, FL 33785		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete BUDIN, RICHARD 201 LEEWARD ISLAND CLEARWATER, FL 33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete GONTAREK, CHRISTINE 3038 LONGBROOKE WAY CLEARWATER, FL 33770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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SIGNATURE: <u>Richard Budin</u> RICHARD BUDIN 5-10-06 (727) 461-3897 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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