

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003443

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: CITY PLAYERS, INC.

**Current Principal Place of Business:**

2406 SUMMERLIN DR.  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

2406 SUMMERLIN DR.  
CLEARWATER, FL 33764

**New Mailing Address:**

FEI Number: 14-1927325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PUCCI, PATRICE A  
2719 1ST AVE N  
ST PETERSBURG, FL 33743 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: T ( ) Delete  
Name: ROUTZAHN, MARY JO  
Address: 715 FAIRWOOD LN.  
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete  
Name: BUDIN, RICHARD  
Address: 201 LEEWARD ISLAND  
City-St-Zip: CLEARWATER, FL 33767

Title: S ( ) Delete  
Name: GONTAREK, CHRISTINE  
Address: 3038 LONGBROOKE WAY  
City-St-Zip: CLEARWATER, FL 33770

Title: T ( ) Delete  
Name: GRAY, CALLIE  
Address: 2046 BAY BLVD #2  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: P ( ) Delete  
Name: PUCCI, BETTY JANE  
Address: 2406 SUMMERLIN DR.  
City-St-Zip: CLEARWATER, FL 33764

Title: V ( ) Delete  
Name: PUCCI, PATRICE  
Address: 2719- 1ST AVE. N.  
City-St-Zip: SAINT PETERSBURG, FL 33713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: MICHELLE, CROOK  
Address: .2400 WINDING CREEK #16-209  
City-St-Zip: CLEARWATER, FL 33761

Title: CS (X) Change ( ) Addition  
Name: GONTAREK, CHRISTINE  
Address: 3038 LONGBROOKE WAY  
City-St-Zip: CLEARWATER, FL 33760

Title: VP (X) Change ( ) Addition  
Name: PUCCI, PATRICE  
Address: 2719- 1ST AVE. N  
City-St-Zip: SAINT PETERSBURG, FL 33761

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

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

Title: T (X) Change ( ) Addition  
Name: BUDIN, DICK  
Address: 201 LEEWARD ISLAND  
City-St-Zip: CLEARWATER, FL 33767

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: MICHELLE CROOK

S

04/17/2008

Electronic Signature of Signing Officer or Director

Date