

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000346

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: FWCS PLAYERS ASSOCIATION INC.

## Current Principal Place of Business:

4301 ARROW CIRCLE  
SARASOTA, FL 34232

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 7658  
ST. PETERSBURG, FL 33734

## New Mailing Address:

2815 8TH ST N  
ST. PETERSBURG, FL 33704

FEI Number: 37-1535668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHELAN, JEAN  
2815 8TH ST. N  
ST. PETERSBURG, FL 33704 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: P ( ) Delete  
Name: TRABA, BETSY  
Address: PO BOX 7658  
City-St-Zip: ST. PETERSBURG, FL 33734

Title: S ( ) Delete  
Name: CRAVEN, TODD  
Address: PO BOX 7658  
City-St-Zip: ST. PETERSBURG, FL 33734

Title: T ( ) Delete  
Name: PHELAN, JEAN  
Address: PO BOX 7658  
City-St-Zip: ST. PETERSBURG, FL 33734

Title: VP ( ) Delete  
Name: SCHNELL, CHRISTOPHER  
Address: PO BOX 7658  
City-St-Zip: ST. PETERSBURG, FL 33734

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TRABA, BETSY  
Address: 4301 ARROW CIRCLE  
City-St-Zip: SARASOTA, FL 34232

Title: S (X) Change ( ) Addition  
Name: CRAVEN, TODD  
Address: 4611 LEETA LANE  
City-St-Zip: SARASOTA, FL 34234

Title: T (X) Change ( ) Addition  
Name: PHELAN, JEAN  
Address: 2815 8TH ST. N  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: VP (X) Change ( ) Addition  
Name: SCHNELL, CHRISTOPHER  
Address: 4530 BROOKSDALE DR.  
City-St-Zip: SARASOTA, FL 34232

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: JEAN PHELAN

T

04/26/2009

Electronic Signature of Signing Officer or Director

Date