

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09468

FILED
Jan 20, 2006
Secretary of State

Entity Name: PLAYERS CLUB ON THE BAY, INC.

Current Principal Place of Business:

10221 EMERALD COAST PKWY W
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY W
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-2543489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELDER, JAY B
10221 EMERALD COAST PKWY W
SUITE 23
MIRAMAR BEACH, FL 32550 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: D () Delete
Name: LEYDA, JIM
Address: 10597 TANAGER HILLS DR
City-St-Zip: CINCINNATI, OH 45249

Title: D () Delete
Name: SISTRUNK, JACK J
Address: 4925 GREENVILLE AVENUE, SUITE 815
City-St-Zip: DALLAS, TX

Title: PD () Delete
Name: SCHUPPERT, KENNETH SR
Address: 300 TROON ROAD
City-St-Zip: PADUCAH, KY 42001

Title: TSD () Delete
Name: WRIGHT, TOM
Address: 2530 BIRNAM WOOD DR.
City-St-Zip: GERMANTOWN, TN 38138

Title: VPD () Delete
Name: SCHUPPERT, KEN JR.
Address: 618 LINE ST
City-St-Zip: DECATUR, AL 35601

Title: D () Delete
Name: BURNS, DEBRA
Address: 2719 HAMPSHIRE AVE.
City-St-Zip: CINCINNATI, OH 45208

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:

Title: () Change () Addition
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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 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: KEN SCHUPPERT, SR.

PD

01/20/2006

Electronic Signature of Signing Officer or Director

Date