2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N35053

Entity Name: BAY STREET PLAYERS, INC.

Current Principal Place of Business:

109 NORTH BAY STREET
EUSTIS, FL 327271405

New Principal Place of Business:

109 N. BAY STREET
EUSTIS, FL 327271405

Current Mailing Address:

P. O. BOX 1405
EUSTIS, FL 327271405

New Mailing Address:

FEI Number: 59-1789108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARPENTER, DEBORAH
32007 BLUE GILL DR
TAVARES, FL 32778 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: PD ( ) Delete
Name: KEENAN, PAMELA
Address: 3074 CORAL VINE LANE
City-St-Zip: WINTER PARK, FL 32792

Title: PD ( ) Delete
Name: TOTH, STEPHEN
Address: 19407 SPRING OAD DRIVE
City-St-Zip: EUSTIS, FL

Title: S ( ) Delete
Name: BREESE, BETH
Address: 5410 RISHLEY RUN WAY
City-St-Zip: MT DORA, FL 32726

Title: EXD ( ) Delete
Name: SCHOLL, ELIZABETH
Address: 2782 MARSH WREN CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: CARPENTER, DALE R
Address: 32007 BLUEGILL DRIVE
City-St-Zip: TAVARES, FL 32778

Title: TR ( ) Delete
Name: SCHOLL, MICHAEL
Address: 2782 MARSHWREN CIRCLE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KEENAN, PAULA
Address: 3074 CORAL VINE LANE
City-St-Zip: WINTER PARK, FL 32792

Title: VPD (X) Change ( ) Addition
Name: BAYNE, KELLY
Address: 6532 EVERINGHAM LANE
City-St-Zip: SANFORD, FL 32771

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

Title: EXD (X) Change ( ) Addition
Name: SCHOLL, ELIZABETH D
Address: 2782 MARSH WREN CIRCLE
City-St-Zip: LONGWOOD, FL 32779

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 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: ELIZABETH D SCHOLL EXD 01/21/2009

Electronic Signature of Signing Officer or Director — Date