

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35053

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** BAY STREET PLAYERS, INC.

**Current Principal Place of Business:**

109 N. BAY STREET  
EUSTIS, FL 327271405

**New Principal Place of Business:**

**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  
Name: KEENAN, PAULA  
Address: 3074 CORAL VINE LANE  
City-St-Zip: WINTER PARK, FL 32792

Title: VPD  
Name: BAYNE, KELLY  
Address: 6532 EVERINGHAM LANE  
City-St-Zip: SANFORD, FL 32771

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH DREW SCHOLL

EXD

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date