2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N39440

Entity Name: TIMBER PINES PLAYERS, INC.

Current Principal Place of Business:

8014 SUGARBUSH DRIVE
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

8014 SUGARBUSH DRIVE
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 59-3027611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILKENS, PAT
8014 SUGARBUSH DRIVE
SPRING HILL, FL 34606 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: TD ( ) Delete
Name: WILKINS, PAT
Address: 8014 SUGARBUSH DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Delete
Name: SAYERS, FRANK
Address: 1467 WILLOW CREEK TER
City-St-Zip: SPRING HILL, FL 34606

Title: S ( ) Delete
Name: MUSIC, CHRIS
Address: 2200 FORESTER WAY
City-St-Zip: SPRING HILL, FL 34606

Title: PD ( ) Delete
Name: OATES, CAROLYN
Address: 7473 CLEAR MEADOW DR
City-St-Zip: SPRING HILL, FL 34606

Title: VPD ( ) Delete
Name: MOORE, PAT
Address: 2119 TERRACE VIEW LANE
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Delete
Name: KOPITZKE, GARY
Address: 6457 PINE MEADOWS DRIVE
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: SAYERS, FRANK
Address: 1467 WILLOW CREEK TER
City-St-Zip: SPRING HILL, FL 34606

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

Title: D (X) Change ( ) Addition
Name: MAGNUS, ALLEN
Address: 6409 PLANTATION ROAD
City-St-Zip: SPRING HILL, FL 34606

Title: PD (X) Change ( ) Addition
Name: MOORE, PATRICIA
Address: 2119 TERRACE VIEW LANE
City-St-Zip: SPRING HILL, FL 34606

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: PATRICIA A MOORE P 04/03/2009

Electronic Signature of Signing Officer or Director — Date