## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N93000004668

Entity Name: WEKIVA RIVER PLAYERS, INC.

FILED Jan 07, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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P O BOX 915271

US LONGWOOD, FL 32791

**Current Mailing Address: New Mailing Address:** 

P O BOX 915271

LONGWOOD, FL 32791 US

FEI Number: 59-3200294 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SISSOM, CAROL A GOODPASTER, DIANE E 354 LAKEWOOD COURT 31 CHANEY COURT

LAKE MARY, FL 32746 CASSELBERY, FL 32707 US US

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: DIANE E GOODPASTER 01/07/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete SISSOM, CAROL GOODPASTER, DIANE E Name: Name:

Address: 354 LAKEWOOD COURT Address: 31 CHANEY COURT City-St-Zip: LAKE MARY, FL 32746 US City-St-Zip: CASSELBERRY, FL 32707 US

Title: () Delete Title: **PRES** (X) Change ( ) Addition SALDARRIAGA, BARBARA Name: GYWNN, LYNDA Name: Address:

1225 HARDMAN DRIVE Address: 913 STILLWELL LANE City-St-Zip: ORLANDO, FL 32806 US City-St-Zip: LAKE MARY, FL 32746 US

Title: () Delete Title: (X) Change ( ) Addition AVALLONE, AMY

Name: SALZANO, MICHEAL Name: P.O. BOX 151313 544 MANDERLEY COURT Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32715 US City-St-Zip: LAKE MARY, FL 32746 US

Title: () Delete Title: (X) Change ( ) Addition

Name: JOAN, NELSON Name: SOMMERIO, NICHOLE 1103 MALONE DRIVE 24 STEVENAGE DRIVE Address: Address: LONGWOOD, FL 32779 US City-St-Zip: ORLANDO, FL 32810 US City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

ANDREWS, DAVID ANDREWS, DAVID Name: Name: 2128 KNOLLVIEW COURT 2128 KNOLLVIEW COURT Address: Address: City-St-Zip: OVIEDO, FL 32765 US City-St-Zip: OVIEDO, FL 32765 US

Title: (X) Delete Title: () Change () Addition

WAGES, K.SHANE Name: Name: Address: 1380 FOXFORREST CIRCLE Address: APOPKA, FL 32714 US City-St-Zip: 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: DIANE E GOODPASTER **TREA** 01/07/2006