

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004668

FILED
Jul 12, 2007
Secretary of State

Entity Name: WEKIVA RIVER PLAYERS, INC.

Current Principal Place of Business:

P O BOX 915271
LONGWOOD, FL 32791 US

New Principal Place of Business:

31 CHANEY COURT
CASSELBERRY, FL 32791 US

Current Mailing Address:

P O BOX 915271
LONGWOOD, FL 32791 US

New Mailing Address:

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:

GOODPASTER, DIANE E
31 CHANEY COURT
CASSELBERRY, FL 32707 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: TREA () Delete
Name: GOODPASTER, DIANE E
Address: 31 CHANEY COURT
City-St-Zip: CASSELBERRY, FL 32707 US

Title: PRES () Delete
Name: GYWNN, LYNDIA
Address: 913 STILLWELL LANE
City-St-Zip: LAKE MARY, FL 32746 US

Title: D (X) Delete
Name: SALZANO, MICHEAL
Address: 544 MANDERLEY COURT
City-St-Zip: LAKE MARY, FL 32746 US

Title: S (X) Delete
Name: SOMMERIO, NICHOLE
Address: 24 STEVENAGE DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP (X) Delete
Name: ANDREWS, DAVID
Address: 2128 KNOLLVIEW COURT
City-St-Zip: OVIEDO, FL 32765 US

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
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: DIANE GOODPASTER

TREA

07/12/2007

Electronic Signature of Signing Officer or Director

Date