2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004668

Entity Name: WEKIVA RIVER PLAYERS, INC.

FILED May 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

31 CHANEY COURT 105 STONEBRIDGE DRIVE CASSELBERRY, FL 32791 US LONGWOOD, FL 32779 US

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:

GOODPASTER, DIANE E

31 CHANEY COURT

CASSELBERY, FL 32707 US

MULLER, STEVE A

105 STONEBRIDGE DRIVE
LONGWOOD, FL 32779 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: STEVE A. MULLER 05/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 GOODPASTER, DIANE E
 Name:
 MULLER, STEVE A

 Address:
 31 CHANEY COURT
 Address:
 105 STONEBRIDGE DRIVE

 City-St-Zip:
 CASSELBERRY, FL 32707 US
 City-St-Zip:
 LONGWOOD, FL 32779 US

(X) Change () Addition Title: PRES () Delete Title: **PRES** Name: GYWNN, LYNDA Name: ANDREWS, DAVID Address: 913 STILLWELL LANE Address: 2128 KNOLLVIEW COURT City-St-Zip: LAKE MARY, FL 32746 US City-St-Zip: OVIEDO, FL 32765 US

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: STEVE A. MULLER TREA 05/15/2009