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Mar 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001446 (3)**

1. Corporation Name

P.L.A.Y.E.R.S. FOUNDATION, INC.



Principal Place of Business

Mailing Address

**5200 PENNOCK POINT
JUPITER FL 33458**

**5200 PENNOCK POINT
JUPITER FL 33458-3446**

3. Date Incorporated or Qualified
03/23/1994

3a. Date of Last Report
07/16/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

33410

30

Palm Beach

4. FEI Number

65-0511226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, DONALD W
5200 PENNOCK POINT
JUPITER FL 33458**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8774 Water Oak Place

83

84

Tequesta

FL

85 Zip Code

33469

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the provisions of Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ESHelman, IRA L**
STREET ADDRESS **11811 AVENUE OF THE AMERICAS**
CITY - ST - ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ DELETE
NAME **MILLER, DONALD W**
STREET ADDRESS **5200 PENNOCK POINT**
CITY - ST - ZIP **JUPITER FL 33458**

TITLE **D** ☐ DELETE
NAME **ESHelman, PAUL**
STREET ADDRESS **21 HANDCOCK**
CITY - ST - ZIP **LAGUNA NIGUEL CA 92677**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

**600 Jenkins Branch Rd.
Bryson City, N.C.
28713**

**8774 Water Oak Place
Tequesta, FL 33469**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 of this filing, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043441

3-10-97

CR2E037 (9/96)