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**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000001446**

1. Corporation Name

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

Principal Place of Business

5200 PENNOCK POINT  
JUPITER FL 33458

Mailing Address

PO BOX 30633  
PALM BCH GARDENS FL 33410  
US



2. Principal Place of Business

21 **4400 PGA Blvd.**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

**505**

27 Suite, Apt. #, etc.

23 City & State

**Palm Beach Gardens FL**

28 City & State

**1**

24 Zip

**33410**

25 Country

**Palm Beach**

29 Zip

**30**

Country

3. Date Incorporated or Qualified

**03/23/1994**

4. FEI Number

**65-0511226**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

Trust Fund Contribution

9. Name and Address of Current Registered Agent

MILLER, DONALD W  
8774 WATER OAK PLACE  
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 obligations of Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/1/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **ESHELMAN, IRA L**  
CITY-ST-ZIP **600 JENKINS BRENDA RD**  
**BRYSON CITY NC**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **MILLER, DONALD W**  
CITY-ST-ZIP **8878 WATER OAK PLACE**  
**TEQUESTA FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **ESHELMAN, PAUL**  
CITY-ST-ZIP **21 HANDCOCK**  
**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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**600 Jenkins Branch Rd.**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**4400 PGA BOULEVARD**  
**SUITE 505**  
**PALM BEACH GARDENS, FL 33410.**

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

14. I 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/3/99 561-627-0672**

CR2E037 (1/98)