


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000001446	
1. Entity Name P.L.A.Y.E.R.S. FOUNDATION, INC.	

Principal Place of Business 3801 PGA BLVD, 806 PALM BEACH GARDENS, FL 33410 US	Mailing Address P.O. BOX 30633 PALM BEACH GARDENS, FL 33420-0633 US
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FILED  
04 APR 16 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



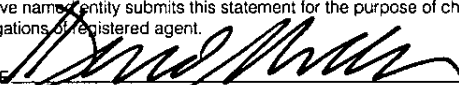
04142004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0511226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MILLER, DONALD W 3801 PGA BLVD, 806 PALM BEACH GARDENS, FL 33410
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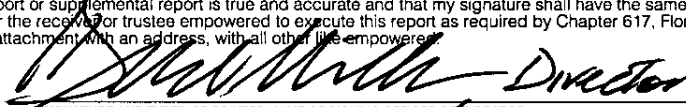
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  4-14-04 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESHELMAN, IRA L 600 JENKINS BRANCH ROAD BRYSON CITY, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DONALD W 3801 PGA BLVD, 806 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESHELMAN, PAUL 21 HANDCOCK LAGUNA NIGUEL, CA 92677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABADIE, BONNIE 34300 LANTERN BAY DR, UNIT #38 DANA POINT, CA 92629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANKENMEYER, JUDY 16126 ROAD RTE. #17 NORTH RRI FT. JENNINGS, OH 45844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100032981701  
04/19/04--01004--002 \*\*411.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowers.
SIGNATURE:  Director 4-14-04 366-7000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #