

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006348

FILED  
Mar 15, 2008  
Secretary of State

Entity Name: MOONLIGHT PLAYERS, INC.

**Current Principal Place of Business:**

732 W. MONTROSE ST.  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

732 W. MONTROSE ST.  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 59-3293089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHELDON, JANIS E  
17521 SR 19  
GROVELAND, FL 34736 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: PRES ( ) Delete  
Name: SHELDON, JANIS E  
Address: 17521 SR 19  
City-St-Zip: GROVELAND, FL 34736

Title: VP ( ) Delete  
Name: BUSHWITZ, LAURA  
Address: 4934 MOUNT PLEASANT ROAD  
City-St-Zip: GROVELAND, FL 34736

Title: VP ( ) Delete  
Name: WHITE, DIANE  
Address: 600 RIVER BIRCH COURT  
City-St-Zip: CLERMONT, FL 34711

Title: TREA ( ) Delete  
Name: ROSEMARIE ALEXANDER,  
Address: 972 FOREST HILL DR  
City-St-Zip: CLERMONT, FL 34711

Title: SEC ( ) Delete  
Name: DENMARK, TONYA  
Address: 1431 14TH STREET  
City-St-Zip: CLERMONT, FL 34711

**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: JANIS E SHELDON

PRES

03/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date