

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006348

FILED
Mar 06, 2009
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:

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Name:
Address:
City-St-Zip:

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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 SHELDON

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date