2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000001704

1. Entity Name
THE GARY PLAYER FOUNDATION, INC.

Principal Place of Business	Mailing Address
3930 RCA BLVD STE 3001 PALM BEACH GARDENS, FL 33410 US	3930 RCA BLVD STE 3001 PALM BEACH GARDENS, FL 33410 US

06022004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0704203
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 300
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	STUTES, HARRY
STREET ADDRESS	15 SEMORAN COMMERCE PL
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D
NAME	DECROOTE, MICHAEL G
STREET ADDRESS	11 VICTORIA STREET P O BOX HM 1065
CITY-ST-ZIP	HAMILTON HM EX, BE 33410
TITLE	S
NAME	PLAYER, MARC B
STREET ADDRESS	3930 RCA BLVD STE 3001
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410
TITLE	T
NAME	CAMPBELL, PAMELA J
STREET ADDRESS	3930 RCA BLV STE 3001
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410
TITLE	DT
NAME	KAUFMAN, M. SCOTT
STREET ADDRESS	160 N KINA ST
CITY-ST-ZIP	WILMINGTON, DL 198841414
TITLE	P
NAME	PLAYER, GARY
STREET ADDRESS	3930 RCA BLVD, SUITE 3001
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410

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06/10/04-80004-012 61.25

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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 like empowered.

SIGNATURE: Marc Player MARC B. PLAYER 6/4/04 561-624 0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #