

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006348

Entity Name: MOONLIGHT PLAYERS, INC.

Current Principal Place of Business:

732 W. MONTROSE ST.
CLERMONT, FL 34711

Current Mailing Address:

732 W. MONTROSE ST.
CLERMONT, FL 34711

FEI Number: 59-3293089

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FOUTS, TRISTA N
1727 CHICKADEE WAY
CLERMONT, FL 34711 US

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: TRISTA FOUTS

01/11/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name MCEACHERN, CATHY
Address 1010 HIGHRIDGE CT.
City-State-Zip: CLERMONT FL 34711

Title VP
Name DENMARK, TONYA N
Address 1431 14TH ST.
City-State-Zip: CLERMONT FL 34711

Title VP
Name WHITE, DIANE
Address 686 GRAND HIGHWAY
City-State-Zip: CLERMONT FL 34711

Title TREA
Name ROSEMARIE ALEXANDER
Address 972 FOREST HILL DR
City-State-Zip: CLERMONT FL 34711

Title SECRETARY
Name FOUTS, TRISTA N
Address 1727 CHICKADEE WAY
City-State-Zip: CLERMONT FL 34711

Title VP
Name FISHER , ELIZABETH M
Address 820 CROOKED BRANCH DR.
City-State-Zip: CLERMONT FL 34711

I hereby 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 all other like empowered.

SIGNATURE: TRISTA FOUTS

SECRETARY

01/11/2016

Electronic Signature of Signing Officer/Director Detail

Date