

**2019 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:** No

**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

02/27/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VP  
Name ROGERS, LAVONTE  
Address 667 W. OSCEOLA ST  
UNIT A  
City-State-Zip: CLERMONT FL 34711

Title VP  
Name PRATESI, WILLIAM  
Address 876 PARK VALLEY CIRCLE  
City-State-Zip: MINNEOLA FL 34715

Title VP  
Name ROSEMARIE ALEXANDER  
Address 972 FOREST HILL DR  
City-State-Zip: MINNEOLA FL 34715

Title VP  
Name KLINE, THOMAS  
Address 963 W JUANITA ST  
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 N FOUTS

**PRESIDENT**

02/27/2019

Electronic Signature of Signing Officer/Director Detail

Date