

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01802** (0)

1. Corporation Name
PENINSULA PLAYERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
WALFRED E. RICHTER
1436 ROSADA WAY
FORT MYERS FL 33901

3. Date incorporated or Qualified **03/07/1984** 3a. Date of Last Report **04/25/1994**
4. FEI Number **59-2505710** Applied For Not Applicable

2. Principal Place of Business 2b. Mailing Address
21. **WALFRED E RICHTER** 26. **WALFRED E RICHTER**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. **2801 JOHNSON AVE #9** 27. **2801 JOHNSON AVE #9**
City & State City & State
23. **SAN LUIS OBISPO CA** 28. **SAN LUIS OBISPO CA**
Zip Country Zip Country
24. **93401** 25. **SAN LUIS OBISPO** 29. **93401** 30. **SAN LUIS OBISPO**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RICHTER, AL
1436 ROSADA WAY
FT MYERS FL 33901

10. Name and Address of New Registered Agent
81. Name **DIANE WILKES / PENINSULA PLAYERS**
82. Street Address (P.O. Box Number is Not Acceptable) **575 BAYSIDE DR**
83.
84. City **FORT MYERS** FL 85. Zip Code **33919**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Diane Wilkes DATE **4-23-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	RICHTER, ALFRED E.
STREET ADDRESS	1436 ROSADA WAY
CITY - ST - ZIP	FORT MYERS FL
TITLE	D
NAME	RICHTER, MARTHA P.
STREET ADDRESS	1436 ROSADA WAY
CITY - ST - ZIP	FORT MYERS FL
TITLE	D
NAME	WILKES, DIANE
STREET ADDRESS	575 BAYSIDE DRIVE
CITY - ST - ZIP	FT. MYERS FL
TITLE	D
NAME	DAN PERRY
STREET ADDRESS	575 BAYSIDE DR
CITY - ST - ZIP	FT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALFRED E RICHTER
1.3 STREET ADDRESS	2801 JOHNSON AVE #9
1.4 CITY - ST - ZIP	SAN LUIS OBISPO CA 93401
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTHA P RICHTER
2.3 STREET ADDRESS	2801 JOHNSON AVE #9
2.4 CITY - ST - ZIP	SAN LUIS OBISPO CA 93401
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAN PERRY
4.3 STREET ADDRESS	575 BAYSIDE DR
4.4 CITY - ST - ZIP	FT MYERS, FL 33919
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alfred E. Richter DATE **4-23-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR