

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01802

**Entity Name:** PENINSULA PLAYERS, INC.

**Current Principal Place of Business:**

C/O ALFRED E. RICHTER  
5540 W FIFTH ST. #38  
OXNARD, CA 93035

**FILED**  
**May 01, 2013**  
**Secretary of State**  
**CC9162305863**

**Current Mailing Address:**

%ALFRED E. RICHTER  
5540 W FIFTH ST #38  
OXNARD, CA 93035 US

**FEI Number: 59-2505710**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PERRY, DAN  
575 BAYSIDE DRIVE  
FORT MYERS, FL 33919 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	DP	Title	D
Name	RICHTER, AL	Name	RICHTER, MARTHA
Address	5540 W FIFTH ST #38	Address	5540 W FIFTH ST #38
City-State-Zip:	OXNARD CA 93035	City-State-Zip:	OXNARD CA 93035
Title	D	Title	D
Name	WILKES,, DIANE	Name	PERRY, DAN
Address	15206 IONA LAKES DRIVE	Address	575 BAYSIDE DRIVE
City-State-Zip:	FT. MYERS FL 33908	City-State-Zip:	FT. MYERS FL 33919

*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: AL RICHTER**

**PRESIDENT/RESIDENT  
DIRECTOR**

**05/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date