

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000082

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: NATIONAL CARAVAN STAGE COMPANY, INC.

**Current Principal Place of Business:**

236 WEST 4TH ST  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

4524 S GALVEZ  
NEW ORLEANS, LA 70125

**New Mailing Address:**

FEI Number: 06-1436763      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

KIRBY, PAUL  
140 SEVENTH AVE, SOUTH  
ST. PETERSBURG, FL 33710      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARK, RINAMAN  
Address: 236 WEST 4TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD ( ) Delete  
Name: POINDEXTER, RANDY  
Address: 4524 S GALVEZ  
City-St-Zip: NEW ORLEANS, LA 70125

Title: TD ( ) Delete  
Name: KELDER, ADRIANA  
Address: 33 16TH AVE, SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33731

Title: D ( ) Delete  
Name: KIRBY, PAUL  
Address: 33 16TH AVE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33731

Title: D ( ) Delete  
Name: MASTRY, EDITH  
Address: 222 15TH AVE. S.  
City-St-Zip: ST. PETERSBURG, FL 33701 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ADRIANA KELDER

MRS.

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date