

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737150

FILED
Mar 04, 2009
Secretary of State

Entity Name: RIVERSIDE THEATRE, INC.

Current Principal Place of Business:

3250 RIVERSIDE PARK DRIVE
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

3250 RIVERSIDE PARK DRIVE
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 59-1764305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILL, CHARLES K
3250 RIVERSIDE PARK DRIVE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

CORNELL, ALLEN D
3250 RIVERSIDE PARK DRIVE
VERO BEACH, FL 32963 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: ALLEN D. CORNELL

03/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIBSON, MARTY
Address: 151 TERRAPIN POINT
City-St-Zip: VERO BEACH, FL 32963 US

Title: VD () Delete
Name: BAIN, GAIL
Address: 130 CLARKSON LANE
City-St-Zip: VERO BEACH, FL 32963 US

Title: VD () Delete
Name: IRELAND, GLENN
Address: 230 SANDPIPER POINT
City-St-Zip: VERO BEACH, FL 32963 US

Title: SD () Delete
Name: STARK, RICHARD
Address: 340 PALMETTO POINT
City-St-Zip: VERO BEACH, FL 32963 US

Title: TD () Delete
Name: BEAM, FRANK
Address: 1000 BEACH ROAD #294
City-St-Zip: VERO BEACH, FL 32963 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SLAUGHTER, THOMAS
Address: 451 INDIAN HARBOR ROAD
City-St-Zip: VERO BEACH, FL 32963 US

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: TD (X) Change () Addition
Name: WONHAM, FRED
Address: 501 RIVER DRIVE
City-St-Zip: VERO BEACH, FL 32963 US

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: THOMAS SLAUGHTER

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date