

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003298

FILED
Feb 23, 2009
Secretary of State

Entity Name: THE VILLAGE TAVERN, INC.

Current Principal Place of Business:

102 REYNOLDA VILLAGE
WINTSON SALEM, NC 27106

New Principal Place of Business:

Current Mailing Address:

102 REYNOLDS VILLAGE
WINSTON SALEM, NC 27106

New Mailing Address:

FEI Number: 56-1507503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'KEEFE, DAN
300 S ORANGE AVE STE 1000
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: RICHARDSON, SCOTT H
Address: 102 REYNOLDA VILLAGE
City-St-Zip: WINTSON SALEM, NC 27106

Title: D () Delete
Name: COX, TIMOTHY
Address: 102 REYNOLDA VILLAGE
City-St-Zip: WINTSON SALEM, NC 27106

Title: DP () Delete
Name: SANTARELLI, ANTHONY V
Address: 102 REYNOLDA VILLAGE
City-St-Zip: WINTSON SALEM, NC 27106

Title: ST () Delete
Name: BUITENDORP, BILL
Address: 102 REYNOLDA VILLAGE
City-St-Zip: WINTSON SALEM, NC 27106

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL BUITENDORP

ST

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date