


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90317 011 ****70.00

DOCUMENT # N02000004624 1. Entity Name RITZ CHAMBER MUSIC SOCIETY, INC.																																																																																																											
Principal Place of Business 1584 W 12TH ST JACKSONVILLE, FL 32209			Mailing Address 6622 SOUTHPOINT DR S STE 495 JACKSONVILLE, FL 32216																																																																																																								
2. Principal Place of Business 300 West Water street Suite, Apt. #, etc. Suite 200		3. Mailing Address 8001 Belfort Pkwy Suite, Apt. #, etc. Suite 100																																																																																																									
City & State Jacksonville, FL		City & State Jacksonville FL		4. FEI Number 56-2281527																																																																																																							
Zip 32202		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																							
6. Name and Address of Current Registered Agent DALE, HOWARD L 200 W FORSYTH DT STE 1100 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																								
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																											
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D PATTERSON, TERRANCE</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1584 W 12TH ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32209</td> </tr> <tr> <td>TITLE</td> <td>D COLE, CECIL</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">300 W WATER ST STE 200</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32202</td> </tr> <tr> <td>TITLE</td> <td>T POOLE, MARIO L</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">6622 SOUTHPOINT DR S STE 495</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32216</td> </tr> <tr> <td>TITLE</td> <td>D JENKINS, TONY</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4800 DEERWOOD CAMPUS PKWY DC1-4</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32246</td> </tr> <tr> <td>TITLE</td> <td>C JOLLIVETTE, CYRUS M</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4800 DEERWOOD CAMPUS PKWY</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32246</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Treasurer</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">Jodi Farrell</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">8001 Belfort Pkwy, Suite 100</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Jacksonville, FL 32256</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	D PATTERSON, TERRANCE	<input type="checkbox"/> Delete	STREET ADDRESS	1584 W 12TH ST		CITY-ST-ZIP	JACKSONVILLE, FL 32209		TITLE	D COLE, CECIL	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	300 W WATER ST STE 200		CITY-ST-ZIP	JACKSONVILLE, FL 32202		TITLE	T POOLE, MARIO L	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	6622 SOUTHPOINT DR S STE 495		CITY-ST-ZIP	JACKSONVILLE, FL 32216		TITLE	D JENKINS, TONY	<input type="checkbox"/> Delete	STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY DC1-4		CITY-ST-ZIP	JACKSONVILLE, FL 32246		TITLE	C JOLLIVETTE, CYRUS M	<input type="checkbox"/> Delete	STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY		CITY-ST-ZIP	JACKSONVILLE, FL 32246		TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Jodi Farrell		STREET ADDRESS	8001 Belfort Pkwy, Suite 100		CITY-ST-ZIP	Jacksonville, FL 32256		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																											
SIGNATURE: <u>Jodi Farrell</u> <u>Jodi Farrell</u> <u>3/10/05</u> <u>904-332-6572</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																											

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