

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007127

FILED  
Feb 22, 2005  
Secretary of State

Entity Name: RAVINES MUSICAL REVUE, INC.

**Current Principal Place of Business:**

3764 CREEK HOLLOW LANE  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

3764 CREEK HOLLOW LANE  
MIDDLEBURG, FL 32068

**New Mailing Address:**

FEI Number: 52-2377720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WIGGINS, ANN B  
3780 CREEK HOLLOW LANE  
MIDDLEBURG, FL 32068 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: D ( ) Delete  
Name: LYONS, DIANNE E  
Address: 3764 CREEK HOLLOW LANE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: WIGGINS, ANN B  
Address: 3780 CREEK HOLLOW LANE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: LYONS, WILLIAM R  
Address: 3764 CREEK HOLLOW LANE  
City-St-Zip: MIDDLEBURG, FL 32068

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

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

Title: D (X) Change ( ) Addition  
Name: MCSWAIN, JACK L  
Address: 205 N. TEMPLE AVE.  
City-St-Zip: STARKE, FL 32091

Title: D (X) Change ( ) Addition  
Name: CORA, BAXLEY  
Address: 3790 CREEK HOLLOW LANE  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIANNE E. LYONS

PRES

02/22/2005

Electronic Signature of Signing Officer or Director

Date