

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008102

FILED
Jan 21, 2009
Secretary of State

Entity Name: ENTERTAINMENT REVUE FOUNDATION, INC.

Current Principal Place of Business:

4237 WEST EL PRADO BLVD.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4237 WEST EL PRADO BLVD.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 04-3753764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIES, ROBERT
2620 PARK VIEW AVE
TAMPA, FL 33629 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: RUBAIL, CAROL
Address: 1404 ROSE ST
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: RUBAIL, JAWDETT
Address: 1404 ROSE ST
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: LUYSERBURG, MARY FRANCIS
Address: 1819 MENDEL LANE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: WENZEL, IRENE
Address: 4515 LEONA STREET
City-St-Zip: TAMPA, FL 33629

Title: DO () Delete
Name: GRIES, CYNTHIA
Address: 2620 S PARKVIEW
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: HUGHES, DONNA
Address: 15 S. TREASURE DRIVE
City-St-Zip: TAMPA, FL 33609

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
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Title: () Change () Addition
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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: CYNTHIA GRIES

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date