

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006817

FILED
Jan 13, 2009
Secretary of State

Entity Name: DELRAY BEACH FILM FESTIVAL INC

Current Principal Place of Business:

919 FOXPOINTE CIRCLE
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

919 FOXPOINTE CIRCLE
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 20-3202869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: POSNER, CHAD
Address: 919 FOXPOINTE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: GOTTENBERG, LLOYD
Address: WOODVIEW TERRACE
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: POSNER, SCOTT
Address: 919 FOXPOINTE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: P () Delete
Name: POSNER, MICHAEL
Address: 919 FOXPOINTE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

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

SIGNATURE: CHAD POSNER

DIR

01/13/2009

Electronic Signature of Signing Officer or Director

Date