

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002845

FILED
Aug 25, 2009
Secretary of State

Entity Name: RITZ THEATRE & LAVILLA MUSEUM, INC.

Current Principal Place of Business:

829 NORTH DAVIS STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

829 NORTH DAVIS STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CURLEY, CHARLES R JR
1301 RIVERPLACE BLVD SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

ALEXANDER, CAROL J
829 N. DAVIS STREET
JACKSONVILLE, FL 32202 US

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: CAROL J. ALEXANDER

08/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: WARREN, CLEVE
Address: 10901 BURNT MILL ROAD UNIT 502
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Change (X) Addition
Name: JONES, BARBARA
Address: 429 ROYAL TERN ROAD S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MS. () Change (X) Addition
Name: JENKINS, MATTHEWS
Address: 14000 CITI CARDS WAY B-3
City-St-Zip: JACKSONVILLE, FL 32258

Title: MR () Change (X) Addition
Name: SMITH, DARNELL
Address: 4800 DEERWOOD CAMPUS PKWY DCC 4-2
City-St-Zip: JACKSONVILLE, FL 32256

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: CLEVE WARREN

MR.

08/25/2009

Electronic Signature of Signing Officer or Director

Date