

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 08, 2012
Secretary of State

DOCUMENT# N08000002845

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:** 26-3204493**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALEXANDER, CAROL J
829 N. DAVIS STREET
JACKSONVILLE, FL 32202 US**Name and Address of New Registered Agent:**BROOKINS, RACQUEL N
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: RACQUEL BROOKINS

05/08/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: JOHNSON, RAHMAN
Address: P.O. BOX 40213
City-St-Zip: JACKSONVILLE, FL 32203

Title: VP
Name: UDENZE, ROLAND
Address: 1111 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: TR
Name: BELLARD-HARRIS, BRENDA
Address: 4922 BLOUNT VISTA COURT
City-St-Zip: JACKSONVILLE, FL 32225

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

I hereby 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 all other like empowered.

SIGNATURE: RAHMAN JOHNSON

PRES

05/08/2012

Electronic Signature of Signing Officer or Director

Date