


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-05-2004 90059 027 ****70.00

DOCUMENT # N94000003074			
1. Entry Name RITZ COMMUNITY THEATER PROJECTS, INC.			
Principal Place of Business 203 MAGNOLIA AVE SANFORD, FL 32771		Mailing Address P O BOX 4321 SANFORD, FL 32772	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3274090		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STAIRS, HELEN L 101 WEST FIRST STREET STE. A SANFORD, FL 32771		Name HELEN L. STAIRS Street Address (P.O. Box Number is Not Acceptable) 1301 E. SEMINOLE BLVD. SANFORD, FL City SANFORD, FL Zip Code 32771	
8. 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. I am familiar with, and accept the obligations of registered agent:			
SIGNATURE <i>Helen L. Stairs</i>		DATE 3-02-2004	
Filing Fee is \$81.25 Due by May 1, 2004.		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	VD	<input type="checkbox"/> Delete	
NAME	SCOTT, DAVE		
STREET ADDRESS	720 GLADWIN AVE		
CITY-ST-ZIP	FERN PARK, FL 32730		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	NATHE, LYNN		
STREET ADDRESS	1612 TALISIA CT		
CITY-ST-ZIP	LONGWOOD, FL 32779		
TITLE	TD	<input checked="" type="checkbox"/> Delete	
NAME	BEERS, MARTHA		
STREET ADDRESS	958 LAURA ST		
CITY-ST-ZIP	CASSELBERRY, FL		
TITLE	P	<input type="checkbox"/> Delete	
NAME	STAIRS, HELEN L		
STREET ADDRESS	1301 E SEMINOLE BLVD		
CITY-ST-ZIP	SANFORD, FL 32773		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAREY FERRELL		
STREET ADDRESS	116 EAST FIRST STREET		
CITY-ST-ZIP	SANFORD, FL 32771		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Helen L. Stairs</i>		DATE 03-02-2004 407.321-6639	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	

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