

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003074
 1. Entity Name
 RITZ COMMUNITY THEATER PROJECTS, INC.



Principal Place of Business Mailing Address
 203 MAGNOLIA AVE P O BOX 4321
 SANFORD, FL 32771 SANFORD, FL 32772

DO NOT WRITE IN THIS SPACE



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3274090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STAIRS, HELEN L
 1301 E SEMINOLE BLVD
 SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000220710
 02/08/05-80081-002 75.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT, DAVE 720 GLADWIN AVE FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NATHE, LYNN 1612 TALISIA CT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERRELL, CAREY 116 EAST FIRST STREET SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAIRS, HELEN L 1301 E SEMINOLE BLVD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Helena L Stairs 02-04-05 407-321-6639
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #