


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90342 032 ****61.25

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1. Entity 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**

40072845



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04202006 Chg-NP CR2E037 (11/05)

City & State
 Zip Country

4. FEI Number
59-3274090

Applied For
 Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$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 type="checkbox"/> Delete
NAME	FERRELL, CAREY	
STREET ADDRESS	116 EAST FIRST STREET	
CITY-ST-ZIP	SANFORD, FL 32771	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly Weinsburg	
STREET ADDRESS	978 Douglas Rd Suite 100	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sarah Reece	
STREET ADDRESS	846 Baybreeze Ln	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
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 exemptions contained 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 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: *Heleen L Stairs, President* **4/26/06** **407-321-6639**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #