


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90019 023 \*\*\*\*61.25

**DOCUMENT # N94000003074**

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**

40044278



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01082007 Chg-NP CR2E037 (12/06)

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

**Winesburgh Beverly X**  
**978 DOUGLAS ROAD**  
**SUITE 100**  
**ALTAMONTE SPRINGS**  
**FL 32714**

7. Name and Address of New Registered Agent  
 Name: **BEVERLY WINESBURGH**  
 Street Address (P.O. Box Number is Not Acceptable): **978 DOUGLAS ROAD**  
**SUITE 100**  
 City: **ALTAMONTE SPRINGS FL** Zip Code: **32714**

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: *Beverly B. Winesburgh* Beverly B Winesburgh 3/09/07  
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, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	VD WEINSBURG, BEVERLY 978 DOUGLAS RD SUITE 100 ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REECE, SARAH 846 BAYBREEZE LN ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERRELL, CAREY 116 EAST FIRST STREET SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAIRS, HELEN L 1301 E SEMINOLE BLVD SANFORD, FL 32773	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WINESBURGH BEVERLY 978 DOUGLAS ROAD SUITE 100 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT STEVE GLAZIER SOUTH SEMINOLE HOSPITAL 555 WEST SR 434 LONGWOOD FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LISA REINECH CENTRAL FLORIDA REGIONAL HOSP 1401 W. SEMINOLE BLVD SANFORD 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Beverly B. Winesburgh* 03/09/07 407774 6363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #