

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003074

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: RITZ COMMUNITY THEATER PROJECTS, INC.

**Current Principal Place of Business:**

203 MAGNOLIA AVE  
SANFORD, FL 32771

**New Principal Place of Business:**

201-203 SOUTH MAGNOLIA AVE  
SANFORD, FL 32771

**Current Mailing Address:**

P O BOX 4321  
SANFORD, FL 32772

**New Mailing Address:**

201-203 SOUTH MAGNOLIA AVE  
SANFORD, FL 32771

FEI Number: 59-3274090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WINESBURGH, BEVERLY  
978 DOUGLAS ROAD  
SUITE 100  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WEINSBURG, BEVERLY  
Address: 978 DOUGLAS RD SUITE 100  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714\

Title: SD ( ) Delete  
Name: REECE, SARAH  
Address: 846 BAYBREEZE LN  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V ( ) Delete  
Name: GLAZIER, STEVE  
Address: 555 WEST SR 434  
City-St-Zip: LONGWOOD, FL 32750

Title: T ( ) Delete  
Name: SCOTT, DAVID  
Address: 720 GLADWIN AVENUE  
City-St-Zip: FERN PARK, FL 32730

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BEVERLY WEINSBERG

P

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date