
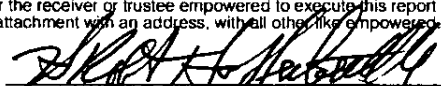


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90093 015 \*\*\*\*70.00

<b>DOCUMENT # N02000002888</b> 1. Entity Name <b>SARASOTA JAZZ ENSEMBLE INC,</b>					
Principal Place of Business <b>3013 CLARK ROAD</b> <b>#18</b> <b>SARASOTA, FL 34231</b>			Mailing Address <b>3013 CLARK ROAD</b> <b>#18</b> <b>SARASOTA, FL 34231</b>		
2. Principal Place of Business - No P.O. Box # <b>3831 BENEVENTO DR</b>		3. Mailing Address <b>3831 BENEVENTO DR</b>			
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —			
City & State <b>SARASOTA FL</b>		City & State <b>SARASOTA FL</b>		4. FEI Number <b>75-3055209</b>	
Zip <b>34238</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOFFERBERTH, ROBERT H</b> <b>3013 CLARK ROAD</b> <b>#18</b> <b>SARASOTA, FL 34231</b>			7. Name and Address of New Registered Agent Name <b>HOFFERBERTH, ROBERT H</b> Street Address (P.O. Box Number is Not Acceptable) <b>3831 BENEVENTO DR</b> City <b>SARASOTA</b> FL <b>34238</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>P</b> NAME <b>HOFFERBERTH, ROBERT H</b> <input type="checkbox"/> Delete STREET ADDRESS <b>3013 CLARK ROAD</b> CITY-ST-ZIP <b>SARASOTA, FL 34231</b>	TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>HOFFERBERTH, ROBERT H</b> STREET ADDRESS <b>3831 BENEVENTO DR</b> CITY-ST-ZIP <b>SARASOTA FL 34238</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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.					
<b>SIGNATURE:</b> 			<b>4-12-07 941-923-5569</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		