

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005927

FILED
Apr 17, 2005
Secretary of State

Entity Name: SOUTH FLORIDA BLUES SOCIETY, INC.

Current Principal Place of Business:

POST OFFICE BOX 772548
CORAL SPRINGS, FL 33077

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 772548
CORAL SPRINGS, FL 33077

New Mailing Address:

FEI Number: 82-0553004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINBERG, ROBERT S
755 NW 80 TERRACE
MARGATE, FL 33063 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: PD () Delete
Name: WEINBERG, ROBERT S
Address: 755 NW 80 TERRACE
City-St-Zip: MARGATE, FL 33063

Title: S () Delete
Name: DECKER, ENID
Address: 2618 FLAMINGO LANE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VD () Delete
Name: COUNCIL, MARY
Address: 625 HOLLY LANE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: ANCONA, KAREN
Address: 2191 SW131 TERRACE
City-St-Zip: DAVIE, FL 33325

Title: TD () Delete
Name: MURPHY, DENNIS
Address: 5741 SW 15TH ST
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: JOHN, SCHWEYER
Address: 1011 SW 20TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33315

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
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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 for the exemption stated in Section 119.07(3)(i), 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: DENNIS J MURPHY

TD

04/17/2005

Electronic Signature of Signing Officer or Director

Date