


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

07-27-2006 90015 015 \*\*\*\*\*8.75  
 08-29-2006 90003 031 \*\*\*\*\*52.50

**DOCUMENT # N11660**  
 1. Entity Name  
**SANIBEL JAZZ, INC.**



Principal Place of Business      Mailing Address  
 10091 MCGREGOR BLVD      10091 MCGREGOR BLVD  
 FORT MYERS FL 33919      FORT MYERS FL 33919

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State *same*      City & State *same*

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2566056**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**LOUISE, SENNEFF**  
**10091 MCGREGOR BLVD**  
**FORT MYERS FL 33919**

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: *Louise Senneff*      *Louise Senneff Exec. Director*      *7/21/06*  
Signature must be printed name of registered agent and title of position. (NOTE: Registered Agent's signature required when re-electing) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 6, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	PRATHER, WILL	
STREET ADDRESS	1380 COLONIAL BLVD	
CITY - ST - ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENNEFF, LOUISE	
STREET ADDRESS	10091 MCGREGOR BLVD	
CITY - ST - ZIP	FORT MYERS FL 33919	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GOLDEN, LEE	
STREET ADDRESS	2247 FIRST ST	
CITY - ST - ZIP	FORT MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDMAN, BILL	
STREET ADDRESS	863 S TOWN & RIVER DR	
CITY - ST - ZIP	FORT MYERS FL 33919	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DICKINSON, GINNY	
STREET ADDRESS	15108 PORTS OF IONA DRIVE	
CITY - ST - ZIP	FORT MYERS FL 33908	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SUTTON, KATHY	
STREET ADDRESS	14556 NEW HAMPTON PLACE	
CITY - ST - ZIP	FORT MYERS FL 33912	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Siler	
STREET ADDRESS	4003 Palm Tree Blvd.	
CITY - ST - ZIP	Cape Coral FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deirdre Mann	
STREET ADDRESS	24 Georgetown	
CITY - ST - ZIP	Ft. Myers, FL 33919	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katherine Boren	
STREET ADDRESS	1029 SE 20th Ave	
CITY - ST - ZIP	Cape Coral FL 33990	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lora-Lynn Chuffo	
STREET ADDRESS	8191 College Pkwy #303	
CITY - ST - ZIP	FT. MYERS, FL 33919	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Orv Curry	
STREET ADDRESS	P.O. Box 60193	
CITY - ST - ZIP	FT. MYERS, FL 33906	

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: *Louise Senneff*      *Louise Senneff*      *7/21/06*      *239-939-2787*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #