2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State
03-25-2005 90025 045 ****61.50

DOCUMENT # N35688

1. Entity Name
SUNCOAST CLASSIC JAZZ, INC.

Principal Place of Business	Mailing Address
PO BOX 1945 LARGO, FL 33778-1945 US	PO BOX 1945 LARGO, FL 33779-1945 US

DO NOT WRITE IN THIS SPACE

02272005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2986002
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FANNING, DAVID S
7602 DARTMOUTH AVE N
SAINT PETERSBURG, FL 33710

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FANNING, DAVID
STREET ADDRESS	7602 DARTMOUTH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	D
NAME	DOMBER, MAT
STREET ADDRESS	2189 CLEVELAND STREET, #225
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	D
NAME	~~PATTERSON, BEVERLY~~ Paulette Sudduth
STREET ADDRESS	~~572 WOODLAND DR~~ 215 Hamilton Ave
CITY-ST-ZIP	~~LARGO, FL 33771~~ Safety Harbor, FL 34695
TITLE	D
NAME	KELLY, MAXINE
STREET ADDRESS	10265 ULMERTON RD.
CITY-ST-ZIP	LARGO, FL
TITLE	D
NAME	JACOBS, CHARLIE
STREET ADDRESS	1867 BRENTWOOD DR
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	D
NAME	WIMPFEN, SHIRLEY
STREET ADDRESS	1915 58TH ST SOUTH
CITY-ST-ZIP	GULF PORT, FL 33707

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Shirley A. Wimpfen Shirley A. Wimpfen, TREASURER 3/21/05 727-343-3486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #