2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2006
Secretary of State

DOCUMENT# N35688

Entity Name: SUNCOAST CLASSIC JAZZ, INC.

Current Principal Place of Business:

PO BOX 1945
LARGO, FL 337781945 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1945
LARGO, FL 337791945 US

New Mailing Address:

FEI Number: 59-2986002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FANNING, DAVID S
7602 DARTMOUTH AVE N
SAINT PETERSBURG, FL 33710 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:	D	( ) Delete
Name:	FANNING, DAVID	
Address:	7602 DARTMOUTH AVE N	
City-St-Zip:	SAINT PETERSBURG, FL 33710	
Title:	D	( ) Delete
Name:	DOMBER, MAT	
Address:	2189 CLEVELAND STREET, #225	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	D	(X) Delete
Name:	SUDDETH, PAULETTE	
Address:	215 HAMILTON DR	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	D	( ) Delete
Name:	KELLY, MAXINE	
Address:	10265 ULMERTON RD.	
City-St-Zip:	LARGO, FL	
Title:	D	( ) Delete
Name:	JACOBS, CHARLIE	
Address:	1867 BRENTWOOD DR	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	D	( ) Delete
Name:	WIMPFEN, SHIRLEY	
Address:	1915 58TH ST SOUTH	
City-St-Zip:	GULF PORT, FL 33707	

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:	
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 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: SHIRLEY A. WIMPFEN D 02/12/2006
Electronic Signature of Signing Officer or Director — Date