


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 728165</b> 1. Entity Name <b>JAZZ LOVERS CLUB, INC.</b>	
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Principal Place of Business <b>1024 N W 6TH ST FT LAUDERDALE, FL 33311-8006</b>	Mailing Address <b>1024 N W 6TH ST FT LAUDERDALE, FL 33311-8006</b>
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**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0125951</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**RAWLS, RALEIGH R  
1024 N W 6TH ST  
FT LAUDERDALE, FL 33311**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAWLS, RALEIGH R 1024 N W 6TH ST FT LAUDERDALE, FL 333118006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAWLS, WILLIE J 1010 N.W. 6TH STREET FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, BEAUREGARD 1710 NW 27 AVE. FT. LAUDERDALE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000930210  
05/21/08-80100-007 61.25

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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 lines empowered.

**SIGNATURE:** *Raleigh R. Rawls* **4/25/08** **954-467-7908**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #