

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1 of 2

**DOCUMENT # 730995 (8)**

1. Corporation Name

**CENTRAL FLORIDA JAZZ SOCIETY, INC.**



Principal Place of Business

Mailing Address

PO BOX 540133  
ORLANDO FL 32854-0133

PO BOX 540133  
ORLANDO FL 32854-0133

3. Date Incorporated or Qualified <b>10/30/1974</b>	3a. Date of Last Report <b>04/17/1995</b>
4. FEI Number <b>59-2546658</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**9. Name and Address of Current Registered Agent**

**DUNLAP, DAVISSON F.  
FIRSTSTATE BLDG., SUITE 1600  
255 SO. ORANGE AVENUE  
ORLANDO FL 32801**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>TD</b>	
NAME	<b>LAWSON, ELLIE</b>	
STREET ADDRESS	<b>1000 HIGH GATE BLVD.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>POD</b>	<input type="checkbox"/> DELETE
NAME	<b>WEINBERG, SID</b>	
STREET ADDRESS	<b>250 Carolina Ave., #303B</b>	
CITY-ST-ZIP	<b>Winter Park, FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PURDY, JAMES</b>	
STREET ADDRESS	<b>894 Lakeworth Ave.</b>	
CITY-ST-ZIP	<b>Lake Mary, FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SANFORD, DAN</b>	
STREET ADDRESS	<b>9443 BEARLAKE CIRCLE</b>	
CITY-ST-ZIP	<b>APOKA FL</b>	
TITLE	<b>POD</b>	<input type="checkbox"/> DELETE
NAME	<b>SPIEGEL, BOB</b>	
STREET ADDRESS	<b>14538 QUAIL TR CIR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	<b>CSD</b>	
1.2 NAME	<b>Karen Weinberg</b>	
1.3 STREET ADDRESS	<b>250 Carolina Ave., #303B</b>	
1.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Robert Bruce</b>	
2.3 STREET ADDRESS	<b>737 Willow Drive</b>	
2.4 CITY-ST-ZIP	<b>Winter Springs, FL 32708</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Maye Ann Coxey</b>	
3.3 STREET ADDRESS	<b>7116 Blue Earth Court</b>	
3.4 CITY-ST-ZIP	<b>Orlando, FL 32818</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Bess Doggett</b>	
4.3 STREET ADDRESS	<b>379 Brushwood Lane</b>	
4.4 CITY-ST-ZIP	<b>Winter Springs, FL 32708</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Frances Frye</b>	
5.3 STREET ADDRESS	<b>1630 Green Meadow Lane</b>	
5.4 CITY-ST-ZIP	<b>Orlando, FL 32825</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Ed Phillips</b>	
6.3 STREET ADDRESS	<b>1050 Druid Drive</b>	
6.4 CITY-ST-ZIP	<b>Maitland, FL 32751</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SID WEINBERG**

3/25/96 (407) 629-6820  
Date Daytime Phone #

CR2E037 (12/95)

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OFFICERS AND DIRECTORS (Continued)

D (Addition)  
Michael Kramer  
881 Silversmith Circle  
Lake Mary, FL 32746

D (Addition)  
Ken Watson  
5323 Hermits Trail  
Altamonte Springs, FL 32714

D (Addition)  
Monroe Weiss  
14402 Dulcimer Court  
Orlando, FL 32837

VP (Addition)  
Roxanne Faye  
7613 Daetwyler Drive  
Orlando, FL 32812