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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90097 047 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 730995

1. Corporation Name

CENTRAL FLORIDA JAZZ SOCIETY, INC.

Principal Place of Business

PO BOX 540133
ORLANDO FL 32854-0133

Mailing Address

PO BOX 540133
ORLANDO FL 32854-0133

458234 - 90097 - 47



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|---|--|---|-----------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | 10/30/1974 |
| 22 City & State | | 27 City & State | 4. FEI Number |
| 23 Zip | | 28 Zip | 59-2546658 |
| 24 Country | | 30 Country | Applied For |
| | | | Not Applicable |
| 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Trust Fund Contribution | | | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| DUNLAP, DAVISSON F. FIRSTSTATE BLDG. SUITE 1600 255 SO. ORANGE AVENUE ORLANDO FL 32801 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | |
| | | FL | |
| | | 85 Zip Code | |
| 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) | | | |

| | | | |
|----------------------------|-------------------------|---|--------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | TD | 1.1 TITLE | P |
| NAME | LAWSON, ELLIE | 1.2 NAME | NOLES ROXANNE FAYE |
| STREET ADDRESS | 1000 HIGH GATE BLVD. | 1.3 STREET ADDRESS | 1616 HOSSNER AVE |
| CITY-ST-ZIP | WINTER PARK FL | 1.4 CITY-ST-ZIP | ORLANDO, FL 32809 |
| TITLE | VPD | 2.1 TITLE | V.P. |
| NAME | WEINBERG, SID | 2.2 NAME | SID WEINBERG |
| STREET ADDRESS | 250 CAROLINA AVE, 303 B | 2.3 STREET ADDRESS | 250 CAROLINA AVE, 303 B |
| CITY-ST-ZIP | WINTER PARK FL | 2.4 CITY-ST-ZIP | WINTER PARK FL |
| TITLE | PD | 3.1 TITLE | V.P. |
| NAME | FAYE, ROXANNE | 3.2 NAME | BOB ESTERBERG |
| STREET ADDRESS | 7613 DAETWYLER DR. | 3.3 STREET ADDRESS | 1534 WAKEFIELD CIRCLE |
| CITY-ST-ZIP | ORLANDO FL 32812 | 3.4 CITY-ST-ZIP | DELTONA, FL 32725 |
| TITLE | SD | 4.1 TITLE | TD |
| NAME | SANFORD, DAN | 4.2 NAME | ELLIE LAWSON |
| STREET ADDRESS | 9443 BEARLAKE CIRCLE | 4.3 STREET ADDRESS | 1114 VIZCAYALAKE RD #109 |
| CITY-ST-ZIP | APOPKA FL | 4.4 CITY-ST-ZIP | OCFEE FL 32761 |
| TITLE | VPD | 5.1 TITLE | SD |
| NAME | SPIEGEL, BOB | 5.2 NAME | DAN SANFORD |
| STREET ADDRESS | 14538 QUAIL TR CIR | 5.3 STREET ADDRESS | 380 WINCHESTER PLACE |
| CITY-ST-ZIP | ORLANDO FL | 5.4 CITY-ST-ZIP | LONGWOOD, FL 32779 |
| TITLE | D | 6.1 TITLE | |
| NAME | WEINBERG, KAREN | 6.2 NAME | |
| STREET ADDRESS | 250 CAROLINA AVE #303B | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 401-855-6964
Date Daytime Phone #

CR2E037 (1/198)