

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90021 010 ****61.25

DOCUMENT # 730995

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2546658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTERBERG, ROBERT G
1534 WAKEFIELD CIRCLE
DELTONA FL 32725

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD LAWSON, ELLIE <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1114 VIZCAYA LAKE RD #109 WINTER PARK FL 32761
TITLE NAME	PD ESTERBERG, ROBERT G <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1534 WAKEFIELD CIRCLE DELTONA FL 32725
TITLE NAME	VPD LEINER, SHIRLEY <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	28402 TAMMI DR TAVARES FL 32-7789
TITLE NAME	D SANFORD, DAN <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	380 WINCHESTER PL LONGWOOD FL 32779
TITLE NAME	VPD MARCHESANO, SONJA <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	984 STONE WOOD LANE MAITLAND FL 32751
TITLE NAME	D WEINBERG, KAREN <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	250 CAROLINA AVE #303B WINTER PARK FL

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	Edward Betrus PO Box 56826 Orlando, FL. 32854-8826
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

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: Robert G. Esterberg **3/19/04** **386-574-9028**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #