




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90576 026 ****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		 02152005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2546658				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ESTERBERG, ROBERT G 1534 WAKEFIELD CIRCLE DELTONA, FL 32725	
7. Name and Address of New Registered Agent					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STREET ADDRESS CITY-ST-ZIP	TD LAWSON, ELLIE <input checked="" type="checkbox"/> Delete 1114 VIZCAYA LAKE RD #109 WINTER PARK, FL 32761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUQUA, JEAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 425 ANDES AVE ORLANDO FL 32807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTERBERG, ROBERT G <input type="checkbox"/> Delete 1534 WAKEFIELD CIRCLE DELTONA, FL 32725		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, MOE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 80 OAKLEIGH AVE. MAITLAND FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BETROS, EDWARD <input type="checkbox"/> Delete P.O. BOX 568826 ORLANDO, FL 328568826		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANFORD, DAN <input checked="" type="checkbox"/> Delete 380 WINCHESTER PL LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARCHESANO, SONJA <input type="checkbox"/> Delete 984 STONE WOOD LANE MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, KAREN <input type="checkbox"/> Delete 250 CAROLINA AVE #303B WINTER PARK, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 4/12/02 386 574 9028 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					