2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# 730995

Entity Name: CENTRAL FLORIDA JAZZ SOCIETY, INC.

Current Principal Place of Business:

609 N EOLA DR
#3
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

PO BOX 540133
ORLANDO, FL 328540133

New Mailing Address:

FEI Number: 59-2546658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETROS, EDWARD
609 N. EOLA DR. #3
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: FUQUA, JEAN
Address: 425 ANDRES AVE
City-St-Zip: ORLANDO, FL 32807

Title: P ( ) Delete
Name: BETROS, EDWARD
Address: P.O. BOX 568826
City-St-Zip: ORLANDO, FL 328568826

Title: D ( ) Delete
Name: LOWE, MOE
Address: 80 OAKLEIGH AVE
City-St-Zip: MAITLAND, FL 32751

Title: 2VP ( ) Delete
Name: MARCHESANO, SONJA
Address: 984 STONE WOOD LANE
City-St-Zip: MAITLAND, FL 32751

Title: S (X) Delete
Name: WEINBERG, KAREN
Address: 1011 CANDVIA AVE.
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES W. NEVILLE D 04/21/2008

Electronic Signature of Signing Officer or Director — Date