

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730995

FILED  
Apr 29, 2009  
Secretary of State

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 (X)

**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

**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:

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: EDWARD BETROS

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date