


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 27, 2006 8:00 am
Secretary of State

05-05-2006 90179 025 ****61.25

DOCUMENT # NO1000005050 1. Entity Name THE GREATER FLORIDA JAZZ & SWING CLUB II, INC.						
Principal Place of Business OLYMPIC HIGHTS SCHOOL LYONS AND GLADES RD BOCA RATON FL US			Mailing Address PO BOX 611888 POMPANO BEACH FL 33061 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0962701		
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
BURKE, ED 777 S FEDERAL HWY D-207 POMPANO BEACH FL 33-062\				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 _____ (NOTE: Registered Agent signature required when not holding) _____ DATE _____						
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TIERNEY, RITA 727 N FEDERAL HWY D-207 POMPANO BEACH FL 33062 <i>777 South Federal</i>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PLEASE</i> <i>CORRECT</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BURKE, ED 777 S FEDERAL HWY D-207 POMPANO BEACH FL 33062 <i>Federal</i>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GREENSPAN, PAUL L 3150 N.E. 7 COURT AVENTURA FL 33180		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	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 exemptions contained in Section 119, 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: <u>Ed R Burke</u> <u>4-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						