

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005927

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: SOUTH FLORIDA BLUES SOCIETY, INC.

**Current Principal Place of Business:**

755 NW 80 TERRACE  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 772548  
CORAL SPRINGS, FL 33077

**New Mailing Address:**

FEI Number: 82-0553004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEINBERG, ROBERT S  
755 NW 80 TERRACE  
MARGATE, FL 33063 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: PD ( ) Delete  
Name: WEINBERG, ROBERT S  
Address: 755 NW 80 TERRACE  
City-St-Zip: MARGATE, FL 33063

Title: VD ( ) Delete  
Name: COUNCIL, MARY  
Address: 625 HOLLY LANE  
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete  
Name: ANCONA, KAREN  
Address: 2191 SW131 TERRACE  
City-St-Zip: DAVIE, FL 33325

Title: TD (X) Delete  
Name: ROBERT, SELLANI  
Address: 7221 SW 5TH ST.  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: ANCONA, KAREN  
Address: 2191 SW 131 TERRACE  
City-St-Zip: DAVIE, FL 33325

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: KAREN ANCONA

TD

04/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date