

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009691

FILED
Apr 30, 2004
Secretary of State

Entity Name: JAZZ CULTURAL FORUM OF MARTIN COUNTY, FL INC.

Current Principal Place of Business:

5205 SE WILLIAMS WAY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1563
PORT SALERNO, FL 34992

New Mailing Address:

FEI Number: 02-0674049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DRAKE, CAROL
5205 SE WILLIAMS WAY
STUART, FL 34997

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: D () Delete
Name: DRAKE, KIM
Address: P.O.BOX 1563
City-St-Zip: PORT SALERNO, FL 34992

Title: D () Delete
Name: DRAKE, CAROL
Address: P.O.BOX 1563
City-St-Zip: PORT SALERNO, FL 34992

Title: D () Delete
Name: SHAW, MALCOLM
Address: 9087 SE SHARON ST
City-St-Zip: HOPE SOUND, FL 33455

Title: D (X) Delete
Name: SHAW, PEGGY
Address: 9087 SE SHARON ST
City-St-Zip: HOPE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MAURO, TURK
Address: 2501 S. OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROL DRAKE

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date