

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2006 8:00 am**  
**Secretary of State**

05-31-2006 90008 034 \*\*\*\*61.25

**DOCUMENT # N04000010250**



1. Entity Name  
**KEY WEST INTERNATIONAL JAZZ FOUNDATION, INC.**

Principal Place of Business  
**444 N. NORTHWEST HIGHWAY  
 SUITE 333  
 PARK RIDGE, IL 60068**

Mailing Address  
**444 N. NORTHWEST HIGHWAY  
 SUITE 333  
 PARK RIDGE, IL 60068**

**50019967**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

05162006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number  
**86-1124480**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KAPLAN, ROBIN  
 512B DUVAL STREET  
 KEY WEST, FL 33040**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, PHILLIP 4822 RODMAN STREET, N.W. WASHINGTON, DC 22016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAPLAN, ROBIN 2 HIBISCUS LANE KEY WEST, FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PISANI, VINCE D 5309 W. DEVON CHICAGO, IL 60646	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Vincent D. Pisani* **VINCENT D. PISANI** 4/26/06 847-292-1244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT  
500159267  
Division of Corporations

Annual Report

Annual Report Help

Document Number

N04000010250

Business Entity Name

KEY WEST INTERNATIONAL JAZZ FOUNDATION, INC.

FEI Number 861124480  
FEI Number Status  Listed Above  Applied For  Not Applicable  
Certificate of Status Desired  Yes  No \$8.75 each  
Election Campaign Financing Trust Fund Contribution  Yes  No

Principal Place of Business

Address 444 N. NORTHWEST HIGHWAY  
Suite, Apt. #, etc. SUITE 333  
City, State PARK RIDGE, IL  
Zip Code & Country 60068

Mailing Address

Address 444 N. NORTHWEST HIGHWAY  
Suite, Apt. #, etc. SUITE 333  
City, State PARK RIDGE, IL  
Zip Code & Country 60068

Name and Address of Registered Agent

Name (Last, First, Middle, Title) KAPLAN, ROBIN

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 512B DUVAL STREET  
Suite, Apt. #, etc.  
City, State KEY WEST, FL  
Zip Code & Country 33040 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

57019967  
# N04000010230

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD  
Name (Last, First, Middle, Title) SMITH PHILLIP

- OR -

Entity Name to serve as Officer/Director

Street Address 4822 RODMAN STREET, N.W.  
City, State WASHINGTON DC  
Zip Code & Country 22016

Title SD  
Name (Last, First, Middle, Title) KAPLAN ROBIN

- OR -

Entity Name to serve as Officer/Director

Street Address 2 HIBISCUS LANE  
City, State KEY WEST FL  
Zip Code & Country 33040

Title TD  
Name (Last, First, Middle, Title) PISANI VINCE D

- OR -

Entity Name to serve as Officer/Director

Street Address 5309 W. DEVON  
City, State CHICAGO IL  
Zip Code & Country 60646

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State

**ATTACHMENT**

50019967  
# 104000010250

Zip Code & Country

Title

Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address

City, State

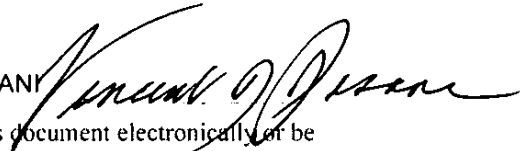
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

TD

Officer/Director Signature VINCENT D. PISANI



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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