

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010652

Entity Name: JAZZTORIAN, INC.

FILED
Mar 07, 2009
Secretary of State

Current Principal Place of Business:

111 EAST PLYMOUTH STREET
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

111 EAST PLYMOUTH STREET
TAMPA, FL 33603

New Mailing Address:

FEI Number: 20-1876070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILAL, ROSE N
111 EAST PLYMOUTH STREET
TAMPA, FL 33603 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: P () Delete
Name: MOSS, VERTYLE
Address: 2565 ENDSLEY ROAD
City-St-Zip: BROOKSVILLE, FL 34609

Title: VP () Delete
Name: CAMPBELL, AILEEN
Address: 5871 N.W. 14TH PLACE
City-St-Zip: SUNRISE, FL 33323

Title: SEC. () Delete
Name: SINCLAIR, PEGGY
Address: 319 BAILEY STREET
City-St-Zip: SAFETY HARBOUR, FL 34695

Title: TRS. () Delete
Name: WILLIAMS, PATRICIA
Address: 109 EAST PLYMOUTH STREET
City-St-Zip: TAMPA, FL 33603

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KINSLER, ANGELEAH
Address: 18563 KING BIRD DRIVE
City-St-Zip: LUTZ, FL 33558

Title: VP (X) Change () Addition
Name: THARPE, WILLIE
Address: 914 E. NORTH BAY STREET
City-St-Zip: TAMPA, FL 33603

Title: SEC. (X) Change () Addition
Name: PETERS, SHELAINA
Address: 1216 LAKE HIGHVIEW LANE
City-St-Zip: BRANDON, FL 33510

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

Title: AD () Change (X) Addition
Name: TAWWAB, ARBRA
Address: 13901 N. FLORIDA AVE #130
City-St-Zip: TAMPA, FL 33612

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: ARBRA TAWWAB

AD

03/07/2009

Electronic Signature of Signing Officer or Director

Date