

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010710

Entity Name: JAZZYBLUEDANCE, INC.

FILED  
Mar 03, 2009  
Secretary of State

## Current Principal Place of Business:

410 FIR AVE  
NICEVILLE, FL 32578

## New Principal Place of Business:

1605 NORTH PARTIN DRIVE  
NICEVILLE, FL 32578

## Current Mailing Address:

410 FIR AVE  
NICEVILLE, FL 32578

## New Mailing Address:

FEI Number: 20-3468844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSER, ELENA  
410 FIR AVE  
NICEVILLE, FL 32578 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: D ( ) Delete  
Name: POWELL, ROBERTA  
Address: 636 CARR DR  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: ROSER, ELENA  
Address: 410 FIR AVE  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: ROSER, JASMIN  
Address: 429 SPRINGWOOD WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: MANN, KAREN  
Address: 2396 MCWEST  
City-St-Zip: TALLAHASSEE, FL 32303

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition  
Name: MANN, KAREN  
Address: 985 NORTH BAYSHORE DRIVE  
City-St-Zip: NICEVILLE, FL 32580

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: ELENA M. ROSER

MS.

03/03/2009

Electronic Signature of Signing Officer or Director

Date