## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000002582

Entity Name: WOMEN IN JAZZ SOUTH FLORIDA, INC.

FILED Apr 12, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
2801 S. OAKLAND FOREST DR, SUITE 103 OAKLAND PARK, FL 33309	

2801 S. OAKLAND FOREST DR, SUITE 103 OAKLAND PARK, FL 33309

**Current Mailing Address:** 

FEI Number: 20-8656432 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**New Mailing Address:** 

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

CARTWRIGHT, JOAN
3140 NW 122 AVE
SUNRISE, FL 33323 US

CARTWRIGHT, JOAN
2801 S. OAKLAND FOREST DR, SUITE 103
OAKLAND PARK, FL 33309 US

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: 04/12/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 CARTWRIGHT, JOAN
 Name:
 CARTWRIGHT, JOAN

Address: 3140 NW 122 AVE Address: 2801 S. OAKLAND FOREST DR, SUITE 103

City-St-Zip: SUNRISE, FL 33323 City-St-Zip: OAKLAND PARK, FL 33309

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BLACK, KAREN
 Name:

 Address:
 5440 N STATE RD 7 SUITE 220
 Address:

 City-St-Zip:
 NORTH LAUDERDALE, FL 33319
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 NOBLES, SANDRA
 Name:

 Address:
 431 NW 48TH TERRACE
 Address:

 City-St-Zip:
 PLANTATION, FL 33313
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BOURSIQUOT, JANICE DR.
 Name:

 Address:
 1179 NW 78TH WAY
 Address:

 City-St-Zip:
 PLANTATION, FL 33322
 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: JOAN CARTWRIGHT MS 04/12/2008